THE HEALTH OF STEVENAGE

1967

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STEVENAGE URBAN DISTRICT COUNCIL

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PREFACE

Public Health Department
Southgate House
Stevenage

To the Chairman and Members of the Stevenage Urban District Council

Mr Chairman, Ladies and Gentlemen,

A hundred and twenty years ago a report was made to the General Board of Health by Dr John Simon which was the first recognisable report of a medical officer of health. Dr Simon, later Sir John Simon, was to be successively Medical Officer to the Privy Council and to the Local Government Board, and his reports in successive years were to become a model for all future medical officers of health. His most famous work, *English Sanitary Institutions*, last published in 1897, although written in the most florid of Victorian prose, is a standard work which all concerned with the development of the health and welfare services in this country should read. Sir John Simon's reports, however, like those of his successors, are noted for their appalling dullness, verbosity and lack of appeal to the ordinary reader. The annual reports of a medical officer of health are, quite rightly, frequently criticised on all these counts, and many suggestions have been made over the years for their improvement; some have gone so far as to say, and this includes some medical officers of health themselves, that the radical cure of total abolition is the only course; others that they should be dismissed as quickly as possible and contain only that statistical information which the Minister demands; and yet others that they should become a sort of magazine. There is however one particular purpose which such an annual report should serve – it should illustrate more clearly than any other document can, to strangers to the area the type of environment, whether a good and safe district in which to bring up children, whether a growing or declining area, and the adequacy of the health and welfare services, and such information should be available without any special knowledge of medical statistics. With these aims in view, therefore, I have tried to produce a report – only the preface of which it is essential to read – in which statistical information is reduced to a minimum; the usual statistical tables are all available in the text as in previous years, but all deductions made from them are now included in the preface and it is hoped that this annual report will be both more informative and more interesting in this way.

For those who wish to study the statistics themselves more closely and particularly for those new members who may be unfamiliar with medical statistics, an addendum will be found at the end of the preface giving a brief definition of the various rates, and brief details of factors which may influence those rates and the deduction which may be made from them.

The population again increased in 1967 by a similar number to the previous year, and the greater proportion of this increase was due to migration into the area and not to a high birth rate. The birth rate for Stevenage is slightly lower than that for England and Wales as a whole, and about the same as for the remainder of Hertfordshire. There were again no deaths of women during pregnancy or childbirth during the year. The number of deaths of children under the age of one year was similar to that of the previous year. An overwhelming proportion of these deaths occurred in the first week of life and were largely unavoidable and unpreventable. All the rates associated with infancy are lower than the national average, the remainder of the county, and the division as a whole and are most satisfactory. The total deaths from all causes at all ages were similar to the previous year, and again the commonest cause of death was diseases of the heart and blood vessels, the second commonest being cancer. The rates themselves were most favourable and lower than the country as a whole, the county and the North Hertfordshire Divisional area. The rates for cancer of the lung was lower than elsewhere. No deaths occurred from any infective disease and only one death occurred from Tuberculosis, a very low number of deaths were due to motor vehicle accidents. The number of illegitimate births remains at a similar level to previous years and is not high relative to the size of the town. There were no serious outbreaks of epidemic disease during the year, and the state of the public health can be said to be most satisfactory.

The 1966 sample census gave details for each local authority of the population distribution as to age and sex, countries of origin, movement in and out of the area, occupation, car ownership, household

composition and social class structure; these figures have been analysed and are shown elsewhere in the report as comparative histograms. The study of these graphs reveals interesting, if slight, differences between the populations of each district; although for the six districts of North Hertfordshire the overall impression is one of similarity rather than difference. Stevenage, for example, might have been expected to have shown more differences from the rest of the area than in fact is revealed by these figures. The town would appear to be rapidly stabilising itself and acquiring the population patterns of very much older communities; an interesting and fairly remarkable achievement in so short a time, particularly if compared with the experiences of other new towns.

The census analyses the population into five social classes: (i) professional, etc.; (ii) an intermediate, ill-defined group, between social classes (i) and (iii); (iii) skilled workers, for example, mineworkers, transport and clerical workers, non-commissioned members of the armed forces; (iv) intermediate between (iii) and (v), for example, agricultural workers and others; and (v) unskilled workers, building and dock labourers. The classification is arbitrary and it should be particularly noted that it is not related to wealth. Social Class (iii) is particularly unsatisfactory, since it lends itself to invidious comparisons between, for example, the skill of a cabinet maker and a hewer and getter at a coal-face, both of whom are classified, from an occupational aspect, in the same social class. The social classifications require revision.

The town has a most favourable population structure: the peak of the population is at the productive years with a slight upward surge at aged 65 and over. The greatest proportion is in the 30 to 44 age group, the 5 to 14 age group closely following. Migration into the area is largely of the age group 15 to 44, with twice as many married as single. There is a slight excess of males over females. The proportion of the population aged 60 and over appears to be increasing, suggesting that the established families are now being joined by their elderly relatives, always an indication of stability and settling down in a new town; this impression is supported by the increasing work of the health and welfare staffs with the aged in Stevenage. The population of Stevenage is largely in Social Class iii and the overwhelming proportion of the occupations are those concerned with manufacturing and construction work, occupations in which half the women employed are also engaged. Relatively few of the citizens possess more than one motor car, although 40 per cent of those travelling to work do so by private car – a higher proportion than any neighbouring district. In contrast, less Stevenage residents travel to work by bicycle than elsewhere, and relatively few by foot. It is to be expected that a very few travel to work by train, but perhaps, surprisingly, a higher proportion of Stevenage residents than elsewhere in the area travel to work by public bus. A very low proportion of Stevenage residents have no family compared with other areas and the incidents of households in multi-occupation is equally low. Less than 5 per cent of the population were born outside the British Isles.

I would refer you to the Chief Public Health Inspector's report and his account of complaints with regard to foreign substances in food and of the successful prosecutions that followed.

Child Health

Attendances at infant welfare clinics increased by 25 per cent which reflects the continuing need for such local health authority provision. The large number of clinics required over the area impose a burden on staffing due to the increasing difficulties in the recruitment of medical and nursing staffs. The clinics provide facilities for medical examinations, and consultations for immunisation and vaccination, and for the sale of proprietary foods.

A new small clinic was completed in Letchworth in 1967 on the Jackmans Estate.

New clinic building in the future will most probably include provision for general practitioners. The objections among the latter to the concept of health centres have now diminished, and the tendency is to the grouping of all community health services.

In 1964 a subcommittee was set up under the chairmanship of Sir Wilfred Sheldon to reassess the medical functions and medical staffing of child welfare centres. The subcommittee reported in 1967.

The child welfare service of today had its formal foundations in the Maternity and Child Welfare Act of 1918. The National Health Service Act of 1946 imposed a statutory duty on local health authorities to arrange for the care of expectant and nursing mothers and young children.

The recent report of the subcommittee referred to the continuing need for local health authority

services, but inferred that in the future it might well form part of a health service provided by family doctors working from purpose-built family health centres.

The 1967 subcommittee recommended that routine medical inspections of young children should continue and that advice should be given by the clinic doctor and health visitor. The early detection of defects should continue to be a major duty of the clinic medical officers. The subcommittee considered that child psychiatrists should not be regularly employed in such clinics but that the clinic doctor and health visitor had an important role to play in the diagnosis and treatment of behaviour disorders.

The sub-committee also recommended that health education should be an increasing part of a child health service and also that welfare foods need not necessarily be sold at such clinics. It also made the recommendation for the need of special training both for local health authority medical officers and general practitioners in this special field and that the organisation of the child health service should remain under the medical officer of health.

The report stressed the need for a high standard of premises, for the introduction of an appointment system and for the establishment of a universal record form. The subcommittee considered that the closest co-operation between the child health service and the school health service should be maintained so that the transition to school life should be as smooth as possible.

The subcommittee report reinforced what is already occurring in this division and in the main re-established the principles upon which the child health services are already run. It is interesting that the report did not suggest the immediate handing-over of such local authority services to the family doctors, but it anticipated that in the years to come their role would be of increasing importance.

There seems no doubt that for the immediate future the infant welfare clinics will continue to form an essential part of the preventive health service of this country.

During 1967 the procedure for observing those infants considered to be " at risk " was revised. Certain conditions occurring in the mother before, during and immediately after birth, constitute a potential hazard to the child's future development. Children, therefore, in the following categories: family history of deafness; family history of diabetes; ante-partum haemorrhage; rhesus incompatibility; rubella in first four months of pregnancy; severe toxaemia; nephritis during pregnancy; difficult labour; anoxia; birth weight 5½ lb or less; cerebral damage; neo-natal jaundice – are placed on a special Observation Register from birth and are examined by a medical officer at the age of three months, one year, two years, three years and four years. In the majority of cases the child is found to be perfectly normal and is then removed from observation. All appointments for this special medical examination are delivered personally by a health visitor in order that the mother is not unnecessarily alarmed. Infants who suffer from no apparent handicap at birth and who do not fall into the above categories, but subsequently develop a condition, may be added to the register at any stage. The keeping of such a register, although a laborious duty, means that before school entry any possible educational handicap is known and special arrangements can, therefore, be made and the divisional educational officer is notified of all children who are in any way handicapped. It is anticipated that a further development of this scheme will be the setting up of a child health assessment unit, together with the local consultant paediatrician, for the full assessment of the child. Such a unit would be a promising development in child health.

Perinatal death rates, i.e. the number of deaths occurring the first week of life, per thousand live and still births continued to show no decrease and it is this fraction of the total infant mortality rate, i.e. the number of deaths occurring in the first year of life per thousand live births, which makes the latter difficult to reduce. It is known that the perinatal death rate in England and Wales is higher than in Scandinavia and Holland. It has been said that the perinatal death rate is reduced when the maternal age and family size is low. It is possible, therefore, that increased use of family planning will reduce this rate. In Holland, however, the birth rate is high and the rate is low. It is clear that our knowledge of the factors influencing this rate is still limited. In Scandinavia almost all deliveries take place in hospital and this increasing trend in this country might be an important factor in reducing such death rates. In considering admission to Maternity Units the adverse effect of a lower social class rating on perinatal death rates should always be remembered. Women in social classes (iv) and (v) tend to be poorer in physique, to be more unsatisfactorily housed and to make the least use of the available maternity services. The stillbirth rate, for example, decreases regularly as the social class rises. It is likely that the perinatal mortality rate will not be further reduced until all babies are

delivered in hospital, whether this be a general practitioner unit or a maternity hospital and that domiciliary midwives in the future will have to adapt themselves to returning once more to the attendance of confinements in hospital.

Section 22 of the National Health Service Act of 1946 empowers local authorities to provide or aid the provision of day nurseries for children under five. Parents are expected to make payments according to their means. The Nurseries and Child Minders Regulation Act of 1948 authorises the keeping of registers of day nurseries and their supervision by local health authorities. Admissions of children to this single day nursery in the division have to be carefully regulated and the following categories for admission have been established: Children of widows or widowers; unmarried mothers; deserted wives or husbands; parents in prison; parents suffering from chronic illness or disablement; temporary cases, for example, mother's illness or confinement; children recommended by doctor or health visitor for temporary help; children of parents coming within the "Essential Services" categories – for example, teachers and nurses (Local Committee Members' approval required); children living in bad housing conditions; and children of families where there was a risk of break-up in the family.

Infectious Diseases

No cases of poliomyelitis occurred in the area as compared with 1966, in which there was one case of paralytic poliomyelitis, but no death. Although the number of cases of poliomyelitis have now reached their lowest ever figure, naturally cases still occur. Intensive poliomyelitis vaccination campaigns in other countries have eradicated the disease completely and this should also be our aim. Parents should be encouraged to ensure that their children are so protected.

No cases of typhoid, paratyphoid or serious food poisoning occurred during the year. There are still, however, far too many instances in which dangerous organisms are isolated from food and there is a need in the area for food handlers and retailers to be more scrupulous about their personal hygiene and the condition of food shops. A great deal of time is wasted by public health inspectors in visits to shops in which, if elementary precautions had been taken, no danger would arise. The measures which should be taken by food retailers and their staffs are simple and straightforward. They include attention to ordinary domestic cleanliness in the shop itself, which should at all times be spotless, the cleansing of containers and utensils, the non-hoarding of scraps, the keeping of all food under refrigerated conditions, the prohibition by shop owners from food handling of any member of the staff suffering from an infective skin condition or from any intestinal disorder, the encouragement of staffs to wash their hands frequently and preferably to dry their hands by hot air or paper towels, and the extensive use of mild disinfectants. If these precautions were scrupulously kept, the incidence of food poisoning outbreaks would dramatically lessen. The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, and subsequent amending regulations, came into force in January 1967 largely because conditions of food handling in open-air trading had not improved following the introduction of the Food Hygiene Regulations in 1955. The 1955 Regulations and the Food Hygiene (General) Regulations of 1960 were less demanding in their requirements for food stores and food vehicles than for food premises and it became clear that control over open-air trading needed to be strengthened and to be brought more closely into line with those applying to food premises under the general regulations. The new food hygiene regulations apply to any handling or trading in food in any market or market premises or away from other fixed premises and they also apply both to food delivery vehicles and to mobile food shops. The principal requirements of the 1966 Food Hygiene Regulations are concerned with the cleanliness of food stalls, food delivery vehicles and equipment, the hygienic handling of food, the cleanliness of food handlers and their clothing, the actions to be taken in cases of infections liable to cause food poisoning, the storage temperatures of certain foodstuffs, the provision of water supply and washing facilities, the proper disposal of waste, the separation of food for human consumption from any food unfit for human consumption, and provisions for the granting by local authorities of certificates of exemption in appropriate cases. It is hoped that these regulations will help to improve the state of the public health.

Vaccination and Immunisation

The vaccination state of North Hertfordshire is not satisfactory. It is clear that smallpox would be introduced into a relatively unprotected community and the public should be aware that vaccination

as an emergency measure produces little or no immediate protection. Complications are lessened by vaccination under the age of two years and parents are urged firstly to have their children vaccinated against smallpox as a matter of routine, and secondly to request such treatment before the age of two is reached.

No cases of diphtheria occurred during the year. Twenty cases occurred, however, in England and Wales (1966) with five deaths, and it must be emphasised that freedom from this killing disease depends on the level of immunity of the population and diphtheria immunisation programmes must be maintained.

Thirty-three cases of whooping cough occurred during 1967. The incidence of this disease fluctuates for reasons which are ill understood. Pertussis is a potentially dangerous disease in infancy and vaccination against it must not be relaxed.

No cases of tetanus occurred, but so dangerous is this disease to life that no parent must allow their child to remain unprotected.

Vaccination against poliomyelitis is now performed entirely by the use of Sabin oral vaccine. Three doses of vaccine by mouth are given in the first year of life, followed by a booster dose at the age of three years.

There were no cases of the disease in the area in 1967 but the vaccination rate is barely satisfactory.

Since the use of vaccines, deaths from poliomyelitis have been remarkably reduced. In 1966, 23 cases occurred, with one death in England and Wales. This represented the lowest incidence of mortality yet recorded.

Tuberculosis

Miniature mass radiography, skin testing and B.C.G. vaccination, tracing and treatment of contacts, greatly improved methods of treatment, pasteurisation of milk have all reduced the incidence of tuberculosis in this county. The disease is now almost never seen in its chronic wasting form or the acute fatal attacks which killed so many in the past. Without the introduction of particularly susceptible immigrant groups, including the Irish, to this county, it would not have been impossible to eradicate the disease entirely.

Cases, however, are still notified and each family must be visited, skin tested and chest x-rayed. When a case occurs in a school, either in a teacher or a pupil, in many instances the whole school must be skin tested and the teaching staff x-rayed. During 1967, 120 children in one school were screened and 72 in a play group. Both the chest x-rays and the skin tests were satisfactory and no epidemic resulted.

Skin testing and B.C.G. vaccination are performed routinely in all school children, including private schools, between the ages of 11 and 13. A negative skin test, showing that the child has not received its natural unperceived infection in the community, is an indication for the giving of vaccine.

Venereal Diseases

The figures available for venereal diseases do not suggest that a serious problem exists in North Hertfordshire.

It must be remembered, however, that some patients will attend London hospitals and their number is not known.

The low number of new cases of syphilis and the very high proportion of cases other than syphilis and gonorrhoea should be noted: these other venereal diseases included non-gonococcal urethritis and a group of conditions, for the most part imported from warmer countries, such as chancroid, lympho-granuloma venereum and granuloma inguinale.

The last available national figure for 1966 shows that the rise in the incidence of infectious syphilis which occurred in 1965 has been followed by a decline. The Annual Report of the Chief Medical Officer to the Ministry of Health suggests that most probably this fall is due to more active contact-tracing and tribute is paid in this report to the work of local health authority staffs in this respect. It is not always appreciated that contacts of cases treated in venereal disease clinics throughout the country are notified to the medical officer of health of the area concerned; these contacts are then visited and persuaded to attend hospital for investigation and treatment. This work, which is carried out by health visitors, is not easy and requires the exercise of considerable tact. During 1967 two such contacts were notified from the London clinics and both were persuaded to accept treatment.

Health education, particularly in the field of sexual relationships, is of special importance, and a working party with representatives from the Ministry of Health and the Department of Education and Science was set up to study this field. A film-strip has been produced suitable for showing to the higher age groups in secondary schools and it is understood that a pamphlet is in the course of preparation designed for teachers to deal effectively with the subject. The Central Council for Health Education takes an active interest in this work, and co-operates with the British Federation Against the Venereal Diseases.

Nationally, although the incidence of syphilis has declined, gonorrhoea has remained at a high level. The age incidence of gonorrhoea is of some interest: in 1966, 14 per cent of patients were under the age of 20 years, and 160 girls and 52 boys under the age of 16 were found to be suffering from the disease. It is perhaps of some interest that the overwhelming proportion of cases of syphilis and gonorrhoea are contracted at home and are not brought in from abroad.

Cytology Clinics

1967 was the first full year in which the cervical cytology clinics were held in the North Hertfordshire Division and the attendance figures were disappointing. The population at risk from cancer of the cervix, i.e. women aged 30 and over, are shown in the table for each district and as a total for the whole division. Since, in fact, no female is turned away from these clinics, a more realistic appreciation of the population at risk is perhaps from the age of 20 upwards and this figure also is included in the table. The percentage of attendances for women at risk were 4 per cent based on the female population aged 20 and over and 5 per cent on a population aged 30 and over. It is clear from these figures that the cervical cytology clinics are not being properly used and consideration will have to be given during the coming year – 1968 – to an increase in publicity. It should be remembered, however, that to a certain extent the number of women attending these clinics has been limited by the number of smears that can be dealt with at the hospital; and this has been limited to twenty each session, the waiting lists are now, however, very much reduced. Only one case of cancer of the cervix was discovered. This would suggest that the value of cervical cytology is debatable. It must be remembered, however, that probably the most important aspect of these clinics is the examination of the breasts and the full internal examination which is carried out by the medical officer. Cancer of the breast is the third commonest cancer and by far the commonest for women.

Cancer

The death rate from cancer of the breast continued to increase coincidentally with the declining birth rate and the increase in contraception. It is known that cancer of the breast is less common in those women who have borne four or more children, and that it is more common in those countries in which breast-feeding is declining, as in England. If, in fact, cancer of the breast is more common in women bearing less than four children, the reduction of family size may increase the risk of death from cancer of the breast in middle age. Cancer of the lung continued to increase. The increase is particularly marked in women. It is now socially acceptable for women to smoke, even in public, and it is reasonable to infer that this increase of lung cancer in women is due to an increase in cigarette consumption. The number of deaths from cancer of the lung are very much higher than from motor accidents and since the disease is equally preventible, it might be considered that some of the efforts, including legislation, applied to the prevention of the latter, could also be applied to the former. The most recent national figures available (those for 1966) reveal that 31,000 people may have died from this condition during 1966 as compared with 18,000 in 1965 and 8,000 in 1946. A comparison of these figures with the amount of tobacco sold as manufactured cigarettes in millions of pounds shows that in 1950 181.7 millions of pounds were sold, and in 1966 223.5. The slight fall in cigarette consumption between 1961 and 1965, which may have been due to the increase in anti-smoking propaganda, has now been reversed, and it would appear that the public are once again beginning to ignore the warnings so frequently given. It is difficult to blame people who disregard these warnings when the only real attempt at prevention has been to prohibit certain forms of cigarette advertising.

Family Planning

The National Health Service (Family Planning) Act came into operation in June 1967. The Act conferred on local health authorities a general power to make arrangements for the giving of advice

on contraception, the medical examination of persons seeking contraception advice and the supply of contraceptive substances and appliances. The Act also empowered authorities to provide this service on social as well as medical grounds; the new Act, therefore, went beyond the existing powers under Section 28 of the National Health Service Act, 1946. The new Act recommended that advice, examination, prescriptions and supplies should be free in medical cases, but that a charge could be made in non-medical cases. It drew no distinction between the married and the unmarried and imposed no limitations upon the age upon which such a service could be given. The County Council have decided for the time being to continue using the services of the Family Planning Association and not themselves to run a direct service. Discussions are now taking place to extend family planning facilities in North Hertfordshire and this will require a further use of local health authority clinic premises.

Midwifery

Twenty-one full-time district nurse/midwives in addition to four part-time district nurse/midwives, six full-time midwives and one part-time midwife were employed in the area at 31st December, 1967.

The average number of confinements attended by each midwife during 1967 was thirty-three; 42 per cent of all deliveries were domiciliary, in contrast with the recommendation of the Cranbrook Committee that 70 per cent of all mothers should be confined in hospital. The number of mothers discharged home within 48 hours of delivery was within the national average in 1967 and is an improvement on the number in 1966, when the early discharge rate exceeded that for the rest of the county. It would seem that the increased number of beds available in the North Hertfordshire Maternity Unit have made it possible for more mothers to stay longer in hospital. It should not be forgotten that shortage of hospital beds for obstetric cases should not be justified by a rationalisation of the benefits to the patient of discharge within 48 hours of delivery. It must be remembered that when early discharges were introduced some years ago considerable medical controversy was raised and that the only reason for its introduction was a shortage of maternity beds. It should not be forgotten also that the burden of early discharge falls entirely upon the staff of the local health authority and not upon the hospital.

All midwives are provided with gas and air apparatus, or trilene, if specially required. Gas and air is being gradually replaced by Entonox – gas and oxygen.

The language problem with immigrants, particularly Indians, produced some difficulty in certain areas. Translation cards showing set sentences did not entirely solve the problem and it was not easy for the midwives to prepare the mothers for confinement and to explain the management of the case to relatives who spoke only a few words of English.

Health Visiting

Health Visitors are State Registered Nurses who are in addition State Certified Midwives (Part I Certificate only or Parts I and II), who have had one year's post-graduate study in child health and welfare, public health and social legislation.

They are primarily concerned with health education and social advice. They visit ordinary homes and families as well as those subject to stresses and tensions, young harassed mothers and lonely elderly members of the community. They are experts in the nurture of babies and children, and are well aware of their physical, emotional and mental needs.

While their role is mainly the care of mothers with young children, their functions are not restricted to this age group and they have responsibilities in connection with school health, prevention of illnesses, the elderly and chronic sick, the handicapped and helping in the rehabilitation of those recovering from mental and physical illnesses.

They have a wide knowledge of social services, both statutory and voluntary, and are personally acquainted with other workers in local health and welfare services, and can discuss problems with them as well as seek their help.

The attachment of health visitors to family doctors, together with the other nursing staff of the division, continued to work very well during 1967. There is no doubt that the general practitioners are now accustomed to the services that the health visitor can offer, and less queries as to a health visitor's functions are now raised. With only minor exceptions, the relationship between the health visitor and the family doctor is mutually agreeable. The problem, however, of attachment of health

visitors with dual or triple appointments in the rural areas and on the boundaries of other divisional areas, has not yet been properly solved.

Twenty-four health visitors were employed during 1967 with the assistance of twelve State Registered Nurses who attended school and infant welfare clinic sessions. The number of visits to aged persons increased by 38 per cent in 1967 and were themselves time-consuming, particularly to those who lived alone and becoming increasingly dependent upon outside contact. Tribute should be paid to voluntary workers of all kinds who are always so willing to help. An improved " nightsitter " service, especially during the winter months, would be of great advantage but the recruitment position is most unsatisfactory.

During 1967 a health visitors' training course was formed at the Stevenage College of Further Education and this should help to ease the recruiting situation which is still very difficult.

Home Nursing

District Nurses are State Registered Nurses who have taken a post-graduate course to obtain either the Certificate of the Queen's Institute of District Nursing, or the National Certificate in District Nursing.

Their aim is to provide comprehensive care to the patients in their own homes, and their responsibilities, therefore, include adapting their hospital skills to the home environment, becoming aware of the nursing and social needs of the patient and his relatives, and using every opportunity of health education.

The staff of the home nursing service in the division at 31st December, 1967, consisted of seven full-time district nurses and seven part-time district nurses; twenty-one full-time district nurse/midwives and four part-time district nurse/midwives.

The home nurses and health visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Marie Curie Fund. Those requiring such help were referred to the National Society for Cancer Relief whilst in hospital. I am grateful for the help which we receive from these voluntary organisations.

A Night Nursing Service has been established, and two State Enrolled Nurses have been employed for this purpose. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse. This service was restricted by the shortage of available staff.

Sixty-six per cent of all visits were made to the over-65 age group. The greater proportion of the work of the district nurse is now concerned with the over-65's and this is reflected in the increasing proportion of local authority costs for this age group. This disproportionate expenditure will continue to rise as the number of aged increases. Some of the increase was in part due to older relatives moving into Stevenage. There was an increase also in 1967 in the number of patients in the terminal stages of illness: many in the under-65 age group.

The number of sessions held by district nurses in general practitioners' surgeries increased during the year and this was a great help in saving time for both patients and nurses. At one purpose-built surgery a district nurses' room has been included and it is possible, therefore, for all types of treatment to be carried out, but in general it is seldom possible to do more than give injections.

During the year arrangements were made for district nurses to receive in-service training in mental health and this was of some help to them in providing insight into the needs of patients returning home after mental hospital treatment.

Handicapped and Elderly

The shortage of geriatric beds continued to cause difficulty during 1967 and there was a heavy demand for residential accommodation.

The diagnoses and numbers of handicapped persons in North Hertfordshire is shown in table form. It will be observed that the commonest cause of handicapping was arthritis and that five times as many women suffered from this condition as men, mainly because of the greater life expectancy of women. The second commonest cause of handicapping which required assistance from the local health and welfare authority was paralysis agitans. Absence of limbs following amputation was the third commonest cause; multiple sclerosis was responsible for 8 per cent of cases, followed by the after-effects of cerebral haemorrhage and cerebral thrombosis.

Health Education

Health education is a transfer of what is known about health; it is the attainment of desirable individual and community behaviour patterns by means of the education process. The basic needs of a health education problem may be summarised as: obtaining the basic information, the recognition of the need for a change in the behaviour of the individual and the knowledge of the means for carrying this out by education methods. This may be compared with the teachings of Buddha whose thesis was as follows: " unhappiness exists in the world, a cause for this exists, the cause is removable, by what means can this cause be removed? " It is important in any health education programme to consider the health needs and the characteristics of the people for whom the programme is intended; many programmes have failed because of this lack of fundamental understanding.

In general, health education in the public health field is carried out in the following ways:

1. *Individual teaching by physicians, etc.*
   The patient is most receptive at the time of illness.
   By general practitioners and local health authority staffs.
2. *Group Teaching*
   For example, in maternity and child welfare, village groups, civic organisations and hospitals.
3. *Health information services*
   This is perhaps the most common method and employs films, newspapers, the B.B.C., pamphlets, etc.

It is most important that these services should be suitable for the particular audience. A useful aphorism for all those concerned in health education is:

" If I hear it I forget, If I see it I remember,
If I do it, I know."

The health education programme in this division includes the teaching of mothercraft and general hygiene to many of the Secondary Modern, Comprehensive and Grammar Schools. Relaxation classes are especially valuable for the special teaching of expectant mothers. Health education is a routine part of the work at all infant welfare clinics.

The health visitors continued to give talks on such subjects as Home Safety, Mothercraft, Hygiene, Child Development, Community Health and Work of the Health Visitors to various groups such as junior school children, mothers' clubs, mothers in infant welfare centres, old people's clubs and Women's Institutes.

The midwives also hold ante-natal instruction classes in each town, to which women expecting their first babies were specially invited.

Posters and demonstrations were arranged in the clinics and more use was made of filmstrips.

Home Helps

Seventy per cent of cases helped during 1967 were over 65 and 83 per cent of total hours given was to this group. In contrast, 16 per cent of cases were maternity absorbing only 5 per cent of total hours.

These figures represent a nationally well marked and unavoidable trend, but it is in some ways disappointing that more help could not be given to maternity cases.

It should be remembered that the domestic help service began in 1918 for maternity cases and was extended during the 1939–45 war to include the old and chronic sick. Its purpose, however, was still mainly directed to the care of the mother and child. Over the country as a whole today 92 per cent of the service is devoted to the care of the aged; and since 1949 the amount of help given to mothers has proportionately decreased. Constant price expenditure on the care of the latter has actually fallen in spite of an increase of 17 per cent in the number of births each year.

The total cost of the domestic help service has increased by 305 per cent since 1949 and is surpassed only by the increase in the cost of mental health (423 per cent). This is due to the very great increase in the total number of part-time home helps, the number of whole-time helps having decreased. Such an increase is the more remarkable because of the purely permissive character of this local health

authority function and demonstrates the direction in which local health services are being obliged to develop. A recent survey, for example, has suggested that the needs of the aged are not being fully met.

In our natural sympathy for old people, however, we should not forget the importance of mothers and young children to the future; nor should we attempt to replace the family and thus endanger it as a social unit.

The number of domestic helps employed in this division is clearly inadequate (56). Recruitment is extremely difficult owing to the ready availability of employment for women in this area.

The Home Help organisation constantly endeavours to attract women to the service.

School Health Service

During the sixty years of its existence the school health service has undergone many changes of emphasis. The Education Act of 1907 empowered Education Authorities to provide medical care for school children. This Act followed the work of an inter-departmental Committee of Physical Deterioration which sat in 1903. The disclosure of the Army Recruiting Office during the Second Boer War had revealed that from 48–60 per cent of all recruits were physically unfit for army service. The years that followed the passing of this Education Act included the treatment of minor ailments and defects, the improvement of nutrition and the care of all types of handicapped children. The Royal Commission in 1889 had recommended that " feeble-minded children " who were capable of receiving education should be taught separately from the more normal pupils, and by 1899 the Elementary Education (Defective and Epileptic Children) Act made it obligatory for all such children to be examined and assessed by a medical officer as to their suitability for education at an ordinary or special school.

The various education, mental deficiency and mental health acts which have followed the first acts have not substantially altered the principles under which the school health service works. One of the more remarkable changes during the long existence of the school health service has been the almost total disappearance of nutritional diseases. Under-nutrition has ceased to be a problem and obesity has taken its place. Most would agree that the cause of obesity in childhood is over-eating by those children with a familial or hereditary tendency to store fat.

The main problems with which the division had to deal during the year were emotional and behavioural disturbances, speech and learning difficulties, respiratory disorders, epilepsy and various types of physical handicap. The infectious diseases which in the past caused the deaths of so many children are no longer a problem. It is interesting in the special schools to note the increase in the number of spina bifida cases. This would appear to be due to the survival of more babies with this condition due to modern surgical techniques.

The problem of occasional pregnancies in school girls in the division, although small, should be observed. It should be remembered that whatever the social implications of such occurrences, from a medical point of view, pregnancy in girls of 15 or less is attended by some risk. During the years 1961–63, for example, in England Wales four maternal deaths occurred in girls of this age group among 3,211 pregnancies.

Medical Recruitment

Recruitment to the public health services at assistant medical officer level continues to cause anxiety. This division is now deficient of three, or possibly four, whole-time medical officers and in spite of the advertisement of vacancies by the County Council, very few applications are received. This position is reflected over the county and country as a whole and there seems little evidence that the position will improve. The salary of assistant medical officers does not equate with their colleagues either in general practice or in the hospital services, and until this position is rectified it cannot be expected that recently qualified doctors will enter the public health service. This must have a harmful and damaging effect on the services provided since the employment of part-time medical officers is an unsatisfactory substitute. Indeed, part-time medical officers are themselves in short supply. However, at the present moment all the essential services are being maintained but not without some stress and signs of overwork to the whole-time medical staff.

Drug Addiction

The drugs of habituation are morphia, heroin, pethidine, cocaine, amphetamines, and bar-

biturates, including mixtures of these two drugs, tranquillisers of various types and marihuana. Those who allow themselves to become habituated to such drugs have, for the most part, personality disorders of which they are aware and the drugs are taken in an effort to improve their social adequacy. The drug addict usually knows the consequences, often fatal, of his actions; under the influence of these drugs, however, he appears able to disregard, and even to boast, of the risks.

Although it has been claimed that young people habituated to either drugs of the morphia group, or the amphetamines and barbiturates, are of normal intelligence, it seems unlikely that, in fact, this is so. The average intelligent adolescent does not take drugs and has no need to do so. The inability of these unfortunate young people to conform is shown by an eccentricity of dress, general appearance and behaviour; by their general reluctance to wash and by the exaggeration of these eccentricities resulting from drug taking. It is as though, knowing their defects so well, they seek instead of trying to overcome them to make them more apparent and thus in some way to compensate. The taking of such drugs does no doubt help to remove feelings of inferiority and their belief in the excellence of their own performance may be quire genuinely enhanced. Musicians, for example, of the jazz variety may believe that under the influence of cannabis their playing attains a brilliance normally denied them. In fact, it has been shown that under these conditions their performance is both out of time and tune.

It is difficult sometimes to blame the drug-prone adolescent too much, when apparently mature adults will in public condone drug-taking. It should be stressed, however, that all these drugs have a proper medicinal use and are of the greatest value in certain conditions when prescribed for the patient by the family doctor. Heroin, for example, is the most potent pain-killer known to man. The emphetamines, barbiturates and tranquillisers play a most valuable role in the treatment of mental illness.

The most dangerous drug taken by habitues is heroin, usually injected into a vein and sometimes together with the drug methedrine. Heroin relieves pain, lessens anxiety, produces drowsiness and decreases sexual efficiency. If the addict is unable to obtain regular doses of this drug, most unpleasnat withdrawal symptoms occur, disagreeable both for the addict and for the observer. It has been said that a heroin addict lives only six years from the beginning of his addiction. The cause of death is varied and both heroin and cocaine can cause serious brain damage. Mixtures of amphetamines and barbiturates known as " purple hearts," " french blues," " black bombers," etc., produce excitement and a lessening of conscious fatigue, although takers become extremely exhausted. Users of these drugs are talkative and often incoherent, a condition of which they are unaware until the effect of the drugs have worn off when dullness, apathy and fatigue occur. Delusions and mental illnesses can follow their use, and the amphetamines and barbiturates, together with marihuana, are particularly liable to lead to addiction to drugs such as heroin. Marihuana or cannabis, usually smoked, but may be taken in the form of snuff, produces unreality and appears to cause some intensity of a person's state of mind; it in no way enhances efficiency or enables the taker to perform tasks which he would normally be unable to carry out. Incidents of actual mental illness have been reported to follow marihuana smoking. In the historical sense, marihuana, under its other name of hashish, gave its name to the assassin, which may perhaps indicate that in the East at least the drug had certain undesirable connotations.

The increasing problem of drug addiction and habituation is primarily one affecting the young. It might, therefore, be logical to ask the young themselves to do something about it. There must be many young people in this area who are well aware of those sad members of their own generation who find it necessary to take drugs of varying kinds. Our normal young people should, therefore understand that if they know of such a case and ignore it, or accept the habit as in some way normal they will to some degree be responsible for what happens afterwards to their friends. They should be asked to show clearly to their contemporaries that they do not consider drug-taking as either necessary or smart, and in cases where persuasion fails they should not hesitate to inform a responsible adult, whether that be their family doctor, their parents or their school teacher, and the same normal young people should look upon the police not as anxious to prosecute but as friends eager to prevent the development of a grave situation.

Removal of Medicines Campaign

After much preparation by the working party comprising representatives from each district council, county council staff, hospital consultants, pharmacists, general practitioners, Women's

Institutes, press and factory personnel, a campaign for the removal of medicines took place during the week of 27th November to 2nd December, 1967, throughout North Hertfordshire.

Despite the lack of publicity given by the B.B.C. and I.T.A., the results were extremely satisfactory; many surplus medicines were produced at the various centres (chemists' shops, clinics, council offices, factories, and shops in rural areas).

Great use was made of the county mobile unit, a trailer exhibition visiting the various districts emphasising the safe storage of medicines; the van being used for the collection of medicines in the more remote rural areas.

Approximately 60,000 tablets were collected and a great deal of liquid medicines; the majority of which were sedatives, hypnotics, tranquillisers, followed by analgesics, antibiotics, and other drugs.

Gypsies

Arrangements have been made by the Hertfordshire County Council to implement a Ministry of Housing and Local Government Circular emphasising the necessity of setting up encampments; two sites were provided, near Cole Green, Hatfield, and at Bushey, as well as a temporary site at Hemel Hempstead. It has been found that this more orderly way of life is in some ways preferable to the gypsies, rather than the incessant need to move to other places – which they had previously experienced when trespassing on roadside verges.

Nevertheless, there is still a balance of at least fifty " Hertfordshire " gypsy families and in the past the district councils have attempted to provide sites in their own areas on the understanding that the County Council would meet any financial deficit of an approved scheme. It has now been agreed that only the County Council can deal with what is probably a fundamental problem for the whole county. Three further sites have been designated in Hertfordshire after a survey by the County Planning Officer; these sites have been investigated by the County Architect, the County Medical Officer and the County Education Officer.

The Hertfordshire Borough and District Councils' Association have resolved:

(i) That in view of the great social problem presented by the gypsy families, all local authorities in Hertfordshire should support the County Council in their endeavours to rehabilitate the families;

(ii) That there should be the closest co-operation between the County Council and the local authorities in the selection of sites for gypsies in Hertfordshire.

During 1967 medical officers of health were asked to investigate the lead content of drinking-water as a result of investigations which had shown that in certain parts of England water derived from upland gathering grounds which was, therefore, very soft, had an abnormally high lead content which might have proved harmful to the consumer. The lead content of the drinking-water was therefore discussed with the Lea Valley Water Board, and I am satisfied that the concentration of lead is within the normal limits in this area.

I am happy to report that during 1967, following the initial difficulties in January of that year, only minor trouble with rats has occurred and there have been no further cases of leptospirosis (Weil's syndrome). The heavy infestation by rats which occurred in the autumn of 1966 was not, therefore, repeated the following year.

It is not possible in this short preface to acknowledge all those members of the medical and administrative staffs, both of your district and of the County Council, whose efforts I have so greatly appreciated; my special thanks are due to the divisional nursing officer, Miss S. H. Kestin, for her most valuable comments on the nursing services; the divisional welfare officer, Mr H. Matthews, for his comments on the welfare services – including the mental health services; and to Mr R. V. Lamey, Chief Public Health Inspector, for his work and co-operation during the year.

I remain,

Your obedient servant,

J. D. Hall,

Medical Officer of Health.

Divisional Health Office
Bedford Road, Hitchin, Hertfordshire
Telephone No.: Hitchin 50411

ADDENDUM

Birth Rate

Number of live births per thousand of the mid-year population both male and female. Proportionate to the number of women of child-bearing age and therefore requires, if it is to bear any relationship to fertility at all, application of an area comparability factor to the crude rate. Still not, however, an accurate index of fertility. The number of live births has increased in the higher social classes in comparison with those in the lower. In general, the age of marriage is decreasing but without a proportionate increase in births.

Infant Mortality Rate

The number of deaths of children under the age of one year per thousand live births; used in the past as a useful measure of infant risk and of the wellbeing of a community as a whole. Now reduced to a level below which further reductions are difficult to achieve and no longer an entirely satisfactory index of the standard of child care (see perinatal mortality, *infra*). Commonest causes of death after the first month of life – accidents, mechanical suffocation, bronchitis and pneumonia. Sudden death a particular hazard; the Report of the inquiry into Sudden Death in Infancy revealed that the highest numbers of sudden unexplained deaths in infants was in the two to three months age group; 60 per cent of cases were found by parents in the morning; 38 per cent of 102 cases were found with mouth and nose completely or partially covered by bedding; a greater prevalence in winter and frequently a history of preceeding respiratory infection; such deaths were commoner with illegitimate births and in the poorer types of home, with younger mothers and in over-crowded conditions; cows' milk proteins were demonstrated in the lungs of 42 per cent of sixty sudden deaths. The Inquiry suggested the following causative factors – early bottle feeding, hypersensitivity to cows' milk, soft pillows and recent infections, and that the risk of unexplained sudden death under the age of two was twice as great as the risk of a child under five being killed on the roads.

Perinatal Mortality Rate

Still births and deaths under the age of one week per thousand live and still births. The inclusion of still births with deaths under the age of one week emphasises the narrow border line between survival and death at that age. The greater number of perinatal deaths are due to prematurity and the problem is one of the hazards of childbirth to the foetus. The National Birthday Trust Fund report stressed the categories of high-risk mothers – previous history of abortions, premature births or still births, past history of toxaemia, ante partum haemorrhage and caesarean section. The report concluded that perinatal mortality might be greatly reduced if women pregnant for the first time with any abnormality of any kind during pregnancy and those having born many children were confined in hospital, if prolonged second stages were avoided, and if early diagnosis of foetal distress after birth and prompt resuscitation were given. Prematurity is the outstanding problem; although premature infants make up only 7 per cent of all births, they provide over half the number of still births and 60 per cent of first-week deaths each year. The definition of prematurity – a birth weight of $5\frac{1}{2}$ lb. or less – is not satisfactory, it does not distinguish between those babies who are small and those who are truly premature. The causation of prematurity is ill-understood, maternal conditions such as pre-eclampsia and ante partum haemorrhage are associated, as are smoking and working during pregnancy. A major cause of death in such infants is the respiratory distress syndrome and premature infants of all weights have a particularly high mortality within twenty-four hours of birth.

Neonatal Mortality Rate

Deaths under four weeks per thousand live births.

Early Neonatal Mortality Rate

Deaths under one week per thousand live births.

Neither of the two latter rates take any account of stillbirths.

Still Birth Rate

A still birth is a foetus delivered after the twenty-eighth week of pregnancy who at no time has shown any signs of life. The rate is measured per thousand live and still births, and is very closely related to the perinatal mortality rate.

Death Rates

The number of deaths per thousand of the population, male and female, may be calculated for each sex, for any age group, and for any disease. The overall death rate from all causes requires correction by a factor to compensate for uneven population distribution as with the birth rate. Not otherwise possible to compare one area with another – an old population would automatically have a higher death rate than a young one. The commonest causes of death for England and Wales in descending order are heart and circulatory diseases, cancer, strokes, etc., and diseases of the chest. The commonest cancer is now that of the lung, the second the stomach and the third the breast, followed by cancer of the colon. Intestinal cancer is decreasing in both sexes, and cancer of the lung increasing. The bearing of two or three children is said to reduce the chances of breast cancer developing after the age of 45 by one-fifth, and of four or more children by two-fifths. Cancer of the lung is a major health hazard and its principal cause is smoking.

Maternal Mortality Rate

The number of deaths in pregnancy or childbirth per thousand total live and still births. Maternal deaths are now relatively uncommon and the risk of pregnancy and childbirth is to the foetus. The Confidential Enquiry into Maternal Deaths in England and Wales (1966) showed that deaths due to pregnancy or childbirth were most commonly due to abortion – death being due to haemorrhage, sepsis, or embolism; the report showed that almost one-third of such deaths occurred in the early part of pregnancy and that the risk of death during childbirth or pregnancy was greatest in women with an obstetric or medical abnormality, in women aged 35 or more bearing their fifth or subsequent child and in women pregnant for the first time who were more than 30 years of age.

TABLE 1.

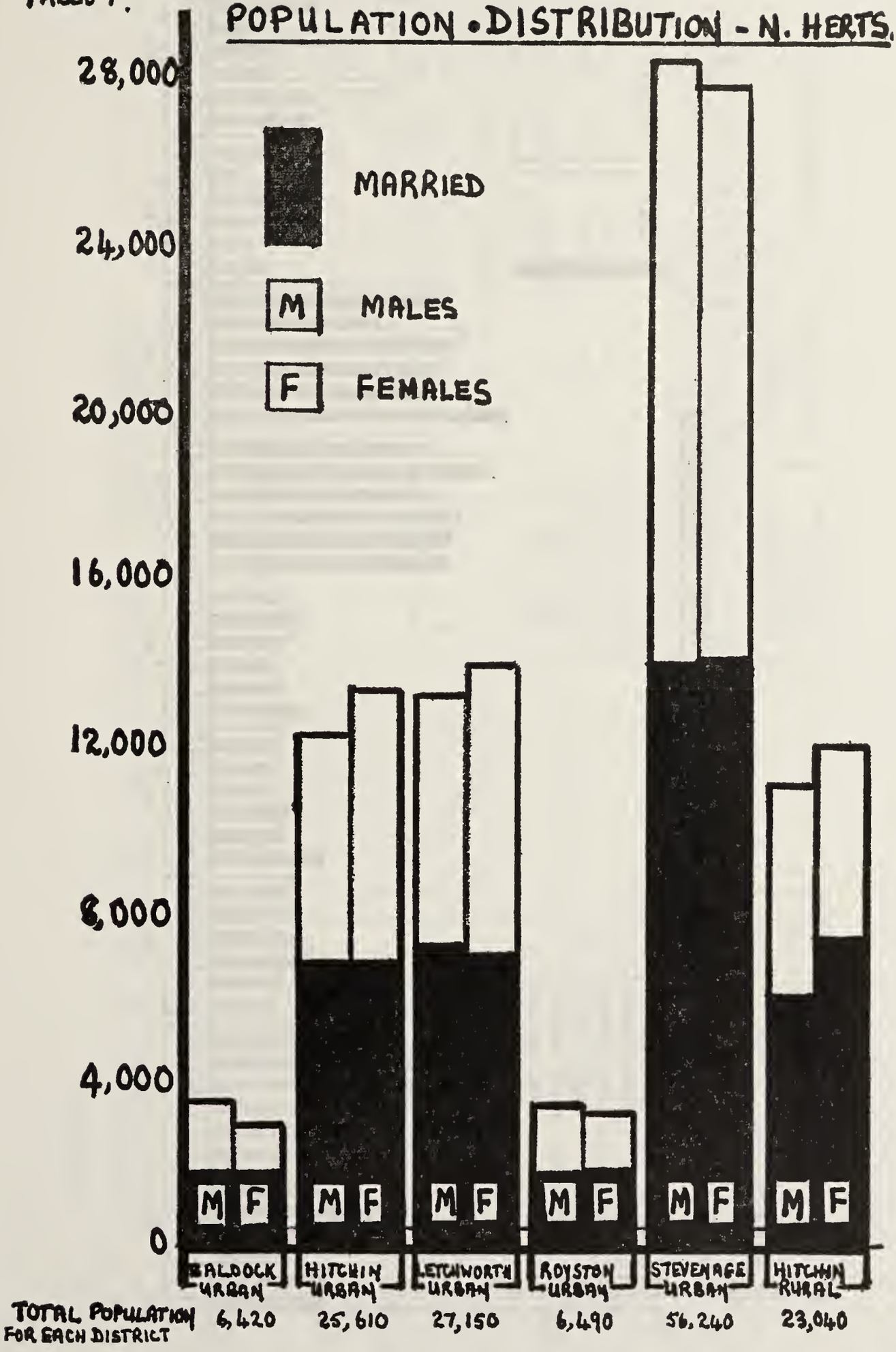

POPULATION • DISTRIBUTION - N. HERTS.
28,000
24,000
20,000
16,000
12,000
8,000
4,000
0
MARRIED
M MALES
F FEMALES
M F
BALDOCK URBAN
HITCHIN URBAN
LETCHWORTH URBAN
ROYSTON URBAN
STEVENAGE URBAN
HITCHIN RURAL
TOTAL POPULATION FOR EACH DISTRICT
6,420
25,610
27,150
6,490
56,240
23,040

TABLE II

POPULATION STRUCTURE - NORTH HERTFORDSHIRE

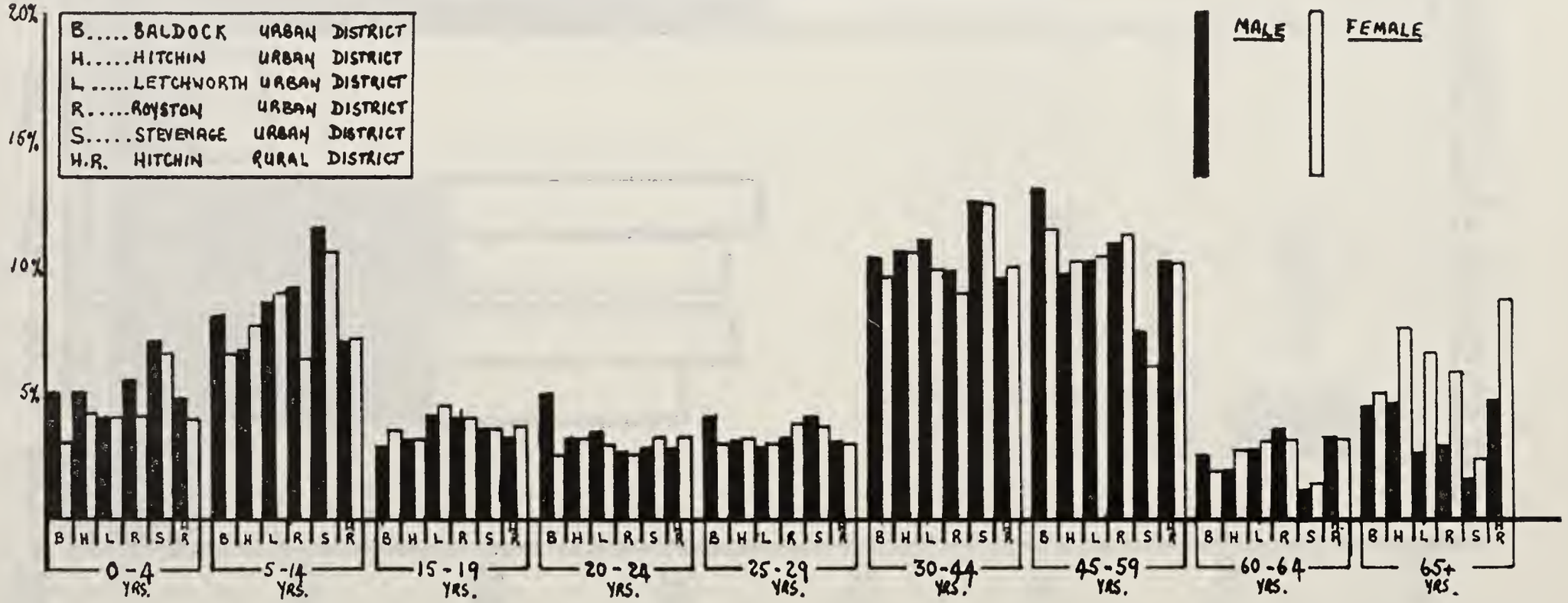
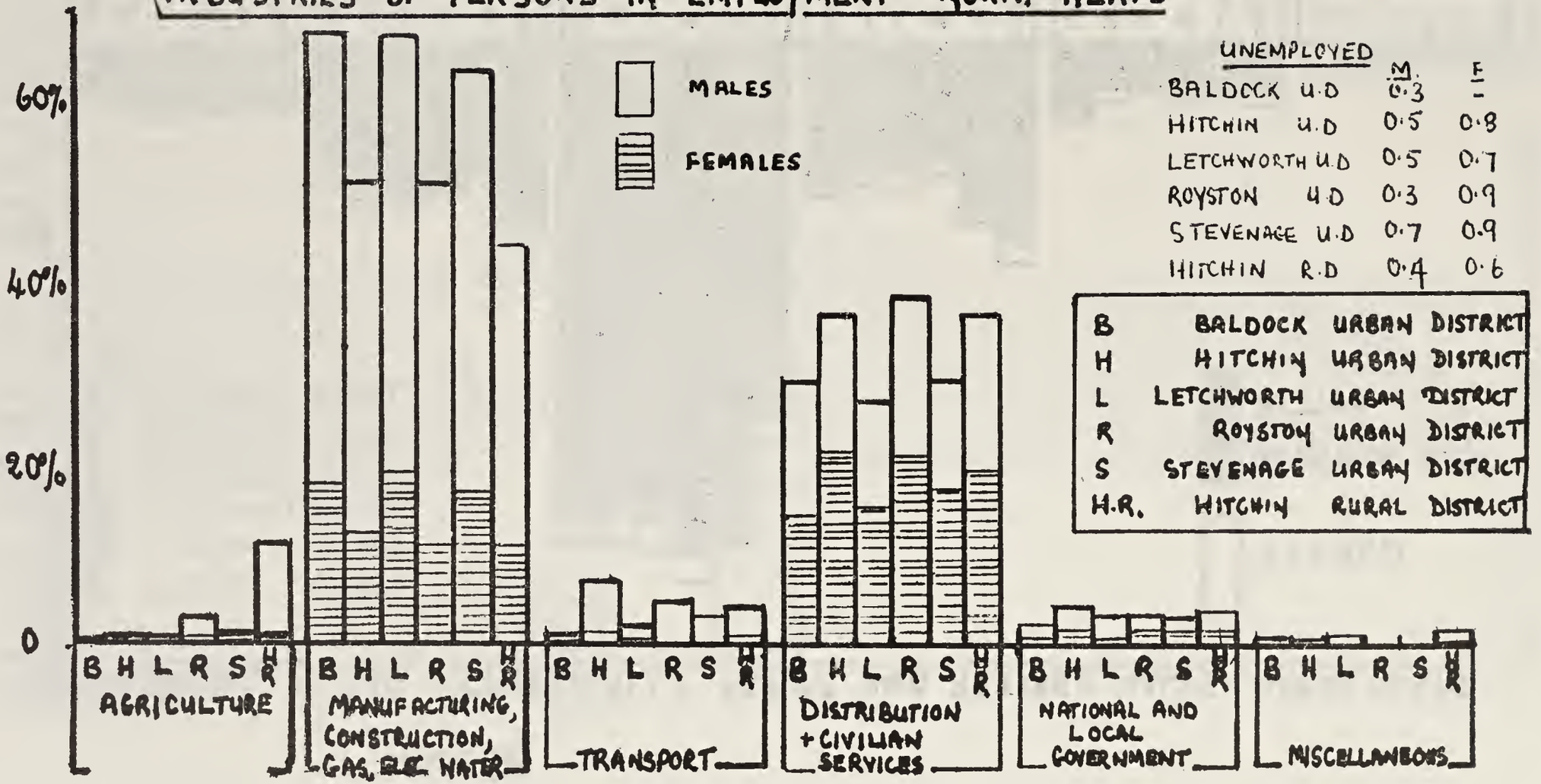


TABLE III

INDUSTRIES OF PERSONS IN EMPLOYMENT - NORTH HERTS

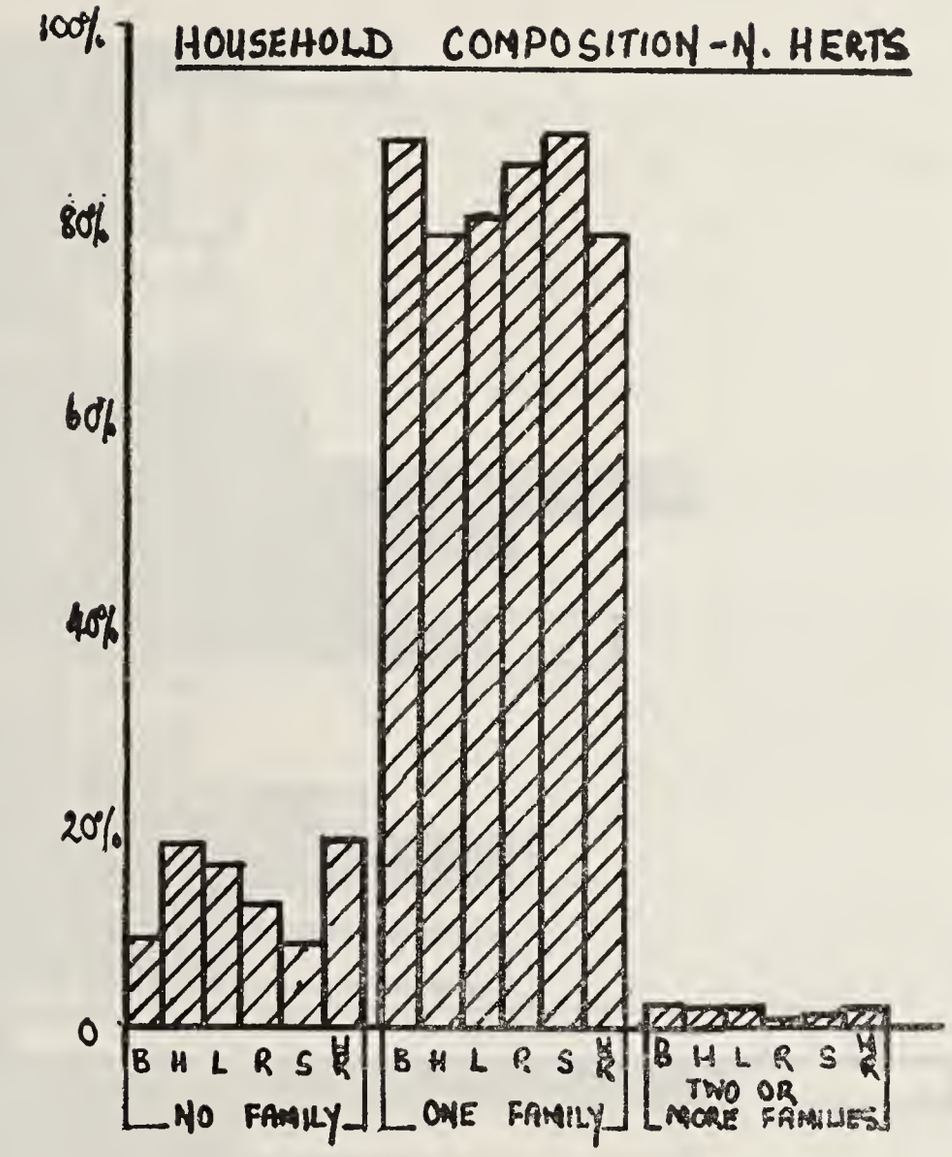


UNEMPLOYED	M.	F.
BALDOCK U.D	0·3	–
HITCHIN U.D	0·5	0·8
LETCHWORTH U.D	0·5	0·7
ROYSTON U.D	0·3	0·9
STEVENAGE U.D	0·7	0·9
HITCHIN R.D	0·4	0·6

B	BALDOCK URBAN DISTRICT
H	HITCHIN URBAN DISTRICT
L	LETCHWORTH URBAN DISTRICT
R	ROYSTON URBAN DISTRICT
S	STEVENAGE URBAN DISTRICT
H.R.	HITCHIN RURAL DISTRICT

TABLE IV

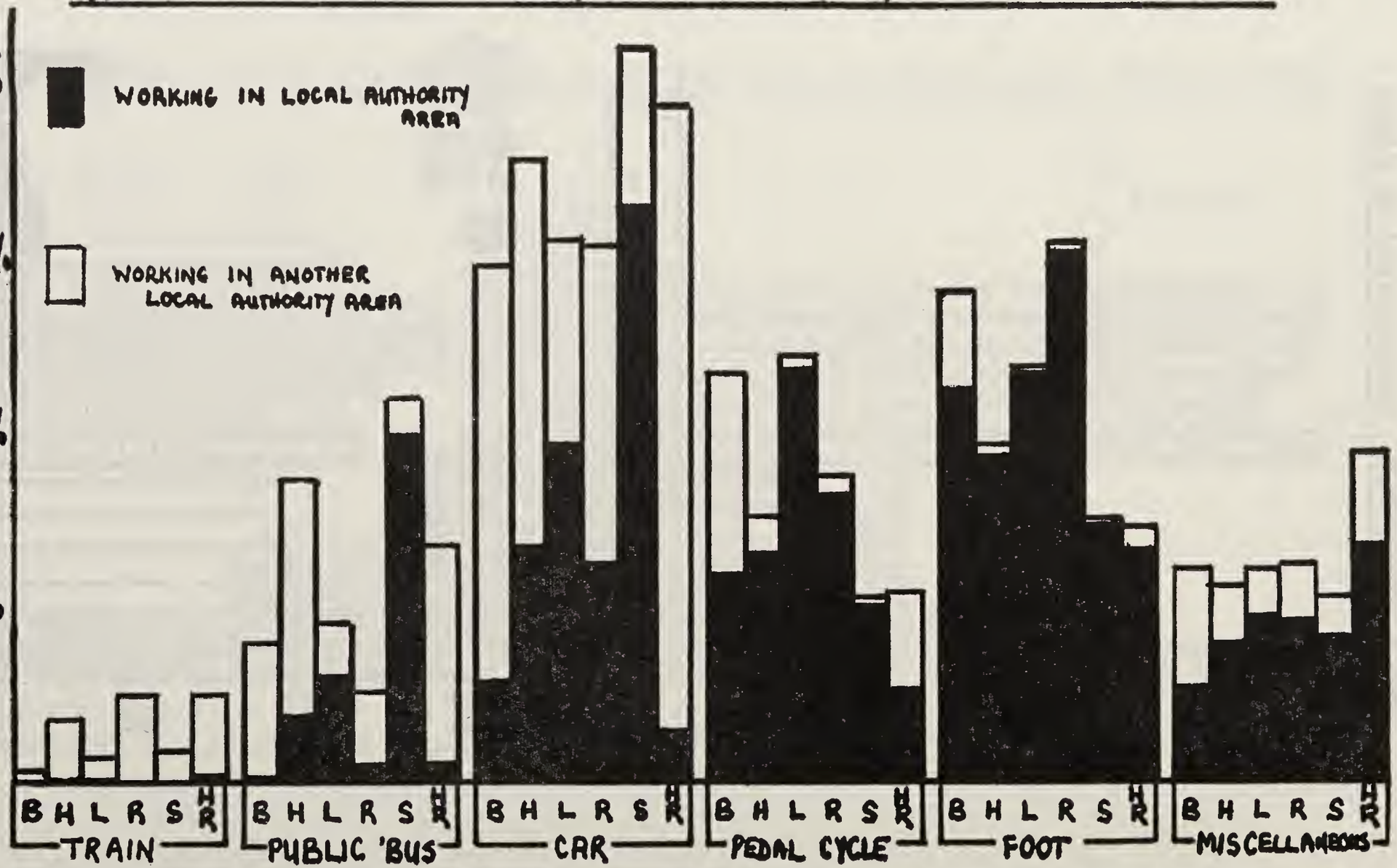
SOCIAL CLASS - ECONOMICALLY ACTIVE AND RETIRED MALES - NORTH HERTS.


HOUSEHOLD COMPOSITION - N. HERTS
100%
80%
60%
40%
20%
0
B H L R S HR
NO FAMILY
ONE FAMILY
TWO OR MORE FAMILIES


HOUSEHOLDS WITH NO CAR
HOUSEHOLDS WITH ONE CAR
HOUSEHOLDS WITH TWO OR MORE CARS
60%
40%
20%
0
B H L R S HR

TABLE VII

MODE OF TRANSPORT TO WORK OF RESIDENTS IN NORTH HERTFORDSHIRE



SECTION "A"

NATURAL AND SOCIAL CONDITIONS OF THE AREA

(*a*) *General Statistics*

Area (in acres)	5,895
Registrar General's estimate of Resident Population Mid-1967 ...	58,690
Number of inhabited houses at 31.12.67	17,760
Rateable Value at 1.4.67	£3,858,911
Net product of 1d. rate – estimated Penny Rate 1967/68	£14,750

(*b*) *Physical and Social Conditions*

The Registrar General's estimate of resident population for mid-1967 revealed an overall increase of 1,930. The natural increase of population, i.e. the excess of births over deaths for the whole year was 1,002.

There were 20 houses built by private enterprise during the year, 21 built by the Stevenage Urban District Council, and 704 built by the Stevenage Development Corporation.

The employment position in Stevenage is most satisfactory. Few are employed outside the area. The population is largely concerned in vehicle manufacturing and electro-engineering. The majority are engaged in professional and scientific services, and others are employed in the distributive trades, construction building and civil engineering, and other manufacturing industries.

The six hills of Stevenage are thought to be burial mounds; but it is not known from which age – Danish, Roman or Celtic – and it is from these ancient monuments that the Saxons named it: meaning Hills by the Highway.

The charter for the great September Fair was granted in 1280 and renewed in 1624; and in 1281 the market came into existance. For many centuries the people lived almost entirely by its agriculture. The church, mostly of Norman structure, was once the nucleus of medieval Stevenage; but no doubt the attractions of the Highway, and possibly a disastrous fire, encouraged the inhabitants to move three-quarters of a mile south-west of this area. It was during the coaching era that more prosperity came to Stevenage and some of the surviving inns bear testimony to this.

A school is known to have existed in Stevenage as early as 1312, but no details are known. In 1558, Alleyne's Grammar School was founded by the Rector, Thomas Alleyne; and it has been enlarged and altered on many occasions.

In 1873, the landowners and ratepayers constituted the parish an Urban Sanitary District, the first step in municipal organisation under the Local Government Act, 1858; and in 1894, the present Urban District Council was formed.

Before the First World War there was only one sizeable factory in Stevenage. A number of factories opened in the inter-war period and many more followed during the war. By 1945, Stevenage was no longer a village nor yet a full-fledged town.

The greatest change in Stevenage, however, was to take place in more recent times. It was in 1946 that it was decided under the New Towns Act that Stevenage should be the first satellite town. Stevenage was no doubt chosen because it was in a convenient position to attract industry. The road and rail communications with the industrial North were good; and it was on the side of London where the greatest amount of overcrowding existed. There was much opposition from the inhabitants and it was not until 2nd February, 1951, that the first London family moved into Stevenage New Town.

It was decided that the industrial estate should be on the west of the town between the new diverted Great North Road and the railway. A railway station for the New Town was envisaged; and this will no doubt be of great benefit to those who find the railway station in the Old Town inconvenient. Now there is a thriving industrial area manufacturing numerous products – machinery large and small – offering opportunities for those engaged in electronics, computer manufacture and operation, production of aircraft and many other branches of engineering.

A large number of houses and flats have been built; and for those who wish to purchase their own houses there are many of pleasant and modern design to cater for their needs. Today the town provides a pleasant place to live for those working in the nearby industrial area and its situation is convenient for those wishing to commute to London. Around the Town Square, with its impressive Clock Tower, is the pedestrian shopping precinct, claimed to be the largest in Europe. The wide, canopied pavements without the hazards of traffic, make shopping a pleasure – especially for mothers with young children.

STEVENAGE VITAL STATISTICS 1967

	Males	Females	TOTAL
LIVE BIRTHS:			
Total	684	572	1,256
Legitimate	646	539	1,185
Illegitimate	38	33	71
Live Birth Rate (uncorrected) per 1,000 population	–	–	21.4
Live Birth Rate (corrected) per 1,000 population	–	–	15.6
Illegitimate live births percentage of total live births	–	–	19.6
STILL-BIRTHS:			
Total	4	4	8
Rate per 1,000 live and still-births	–	–	6.3
Total live and still-births	688	576	1,264
DEATHS OF INFANTS UNDER 1 YEAR OF AGE:			
Total	11	6	17
Legitimate	10	5	15
Illegitimate	1	1	2
Infant Mortality Rate per 1,000 live births	–	–	14.0
Legitimate Infants per 1,000 legitimate live births	–	–	12.6
Illegitimate Infants per 1,000 illegitimate live births	–	–	28.2
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live birhts)	–	–	11.1
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	–	–	7.2
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	–	–	13.4
MATERNAL MORTALITY, INCLUDING ABORTION:			
Number of deaths	–	–	–
Rate per 1,000 total live and still-births	–	–	–
TOTAL DEATHS	137	117	254
Death Rate (uncorrected)	–	–	4.3
Death Rate (corrected)	–	–	10.0
Natural increase of population	–	–	1,002
Overall increase of population	–	–	1,930

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1967

IN

THE URBAN DISTRICT OF STEVENAGE

General Register Office, Somerset House, Strand, London, W.C.2

Population: 58,690

ICD No.	CAUSE OF DEATH	Sex		Total all Ages	Under 4 Weeks		4 Weeks and under 1 year		AGE IN YEARS																	
									1–		5–		15–		25–		35–		45–		55–		65–		75 & over	
		M	F		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
001–008	(1) Tuberculosis, Respiratory ...	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–
010–019	(2) Tuberculosis, other forms ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
020–029	(3) Syphilis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
040–041	Typhoid and Paratyphoid Fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
045–048	Dysentery	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
050	Scarlet Fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
055	Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
056	Whooping Cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
057	Meningococcal Infections ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
080	Acute Poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
084	Smallpox	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
085	Measles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Rem.																										
Rem.	(9) Other infective and parasitic																									
001–138	diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Malignant neoplasms:																									
151	(10) Stomach	5	1	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	1	1	–	–	–
162, 163	(11) Lung and Bronchus	18	3	21	–	–	–	–	–	–	–	–	–	–	–	–	–	–	5	1	7	1	6	1	–	–
170	(12) Breast	–	8	8	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	3	–	–	–	2
171–174	(13) Uterus	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	2
204	(15) Leukaemia and Aleukaemia ...	2	1	3	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	–	–
Rem.																										
140–205	(14) Other malignant neoplasms ...	22	12	34	–	–	–	–	–	–	–	–	–	–	–	–	2	2	1	3	8	2	4	3	7	2
260	(16) Diabetes Mellitus	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
330–334	(17) Vascular Lesions affecting central nervous system	14	15	29	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	2	1	6	6	4	7
420	(18) Arteriosclerotic heart disease, including coronary disease ...	30	23	53	–	–	–	–	–	–	–	–		–	1	–	–	1	2	1	7	2	12	8	8	11
422	(19) Hypertension with Heart Disease	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
430	(20) Other Heart Disease	4	10	14	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	1	3	2	5
467	(21) Other Circulatory Disease ...	5	7	12	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	–	2	3	1	3
480–483	(22) Influenza	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
490–493, 763	(23) Pneumonia	2	4	6	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	2
500–502	(24) Bronchitis	4	4	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	2	2
527	(25) Other Diseases, Respiratory System	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–
540, 541	(26) Ulcer of Stomach and Duodenum	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	1
543, 571, 572, 764	(27) Gastro-enteritis, Diarhoea ...	1	–	1	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
590–594	(28) Nephritis and Nephrosis ...	1	1	2	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–
610	(29) Hyperplasia of Prostate ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
640–689	(30) Complications of Pregnancy, childbirth, and puerperium ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
750–759	(31) Congenital Malformations ...	2	3	5	1	3	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Rem. 001–795	(32) All other diseases	14	11	25	8	2	–	–	–	–	–	–	–	1	1	1	–	–	1	1	1	2	3	1	–	3
E810–E835	(33) Motor Vehicle Accidents ...	5	–	5	–	–	–	–	–	–	–	–	–	–	1	–	2	–	2	–	–	–	–	–	–	–
E870–E888	(34) Accidential Poisoning, sol and Liq.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
E890–E895	Accidential Poisoning, Gas and Vap.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
E970–E979	(35) Suicide	2	–	2	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–
Rem. E800–E999	(34) All other accidents and violence	4	5	9	–	–	1	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	1	1	–	4
	TOTAL ALL CAUSES ...	137	117	254																						

INFANT DEATHS – STEVENAGE

Place of Birth	Date of Death	Cause of Death	Age	Birth Weight	Age of Mother	Died at	Sex	Legit.	Illegit.
North Herts Maternity Unit	7. 2.67	Asphyxiation	3 months	4 lb. 2 oz.	22	Home	M	–	
North Herts Maternity Unit	1. 3.67	Laryngo Tracheo Bronchitis	1 month	9 lb. 2 oz.	21	Lister	M	–	
Home	2. 3.67	Broncho-pneumonia	3 weeks	Not	33	Lister Hospital	M	–	
North Herts	26. 3.67	Prematurity	50 mins.	2 lb. 2 oz.	23	North Herts	M	–	
St Bartholomew's	6. 4.67	Broncho-pneumonia	5 months	4 lb. 4 oz.	23	Lister Hospital	F	–	
Q.E.	13. 4.67	Broncho-pneumonia	7 days	6 lb. 12 oz.	24	Q.E. Hospital	F	–	
North Herts	5. 5.67	Intracranial	2 days	8 lb.	28	North Herts	M	–	
North Herts Maternity Unit	3. 6.67	Hydro-cephalus and Spina Bifida	2 weeks	7 lb. 11 oz.	19	Lister Hospital	F	–	
North Herts Maternity Unit	10. 6.67	Heart Failure	3 hours	5 lb. 2 oz.	31	North Herts Hospital	F	–	
Queen Eliza-beth II Hospital	4. 7.67	Prematurity	5 days	2 lb. 3 oz.	22	Westminster Hospital	M	–	
Home	6. 7.67	Congenital Heart Disease	3 days	8 lb. 12 oz.	32	Lister Hospital	M	–	
North Herts Maternity Unit	8. 7.67	Congenital Heart Disease	3 weeks	5 lb. 13 oz.	32	Lister Hospital	M	–	
Home	29. 7.67	Congestive Cardiac Failure	1 week	5 lb. 8 oz.	19	Lister Hospital	F	–	
North Herts Maternity Unit	24. 9.67	Prematurity	4 hours	2 lb. 4 oz.	32	North Herts Hospital	M	–	
North Herts Maternity Unit	6. 9.67	Congenital Heart Disease	7 hours	5 lb. 14 oz.	17	North Herts Hospital	M	–	
St Luke's Maternity Hos-pital, Bradford	13. 2.67	Respiratory Failure	13 hours	Unknown	Un-known	St Luke's Maternity Hospital, Bradford	M	–	
Queen Eliza-beth II Hospital	8.10.67	Prematurity	1 hour	1 lb. 12 oz.	20	Queen Eliza-beth II Hosp.	F		–

	District 1967 Stevenage U.D.C.	North Hertfordshire Division	Hertfordshire	England and Wales
Population	58,690	150.780	881,870	48,390,800
Live Births (Crude)	21.4	18.4	16.5	17.2
Live Births (Corrected)	15.6		15.5	
Death Rate – All causes, Crude	4.3	8.00	8.9	11.2
Death Rate – All causes, Corrected	10.0		10.0	
Infective and Parasitic Diseases – excluding Tuberculosis, but including Syphillis and other V.D.	0.00	0.03	0.03	*
Tuberculosis:				
Respiratory	0.01	0.01	0.02	0.04
Other Forms	0.00	0.00	0.01	0.01
All Forms	0.01	0.01	0.03	0.04
Cancer: Lung and Bronchs.	0.35	0.41	0.46	0.58
Other	0.92	1.48	1.38	1.68
Vascular Lesions of the Nervous System	0.49	1.2	1.27	*
Heart and Circulatory Diseases	1.4	2.8	3.05	*
Respiratory Diseases	0.25	0.4	1.10	–
Maternal Mortality	0.00	0.00	0.13	0.16
Infantile Mortality	14.0	13.2	14.00	18.3
Neo Natal Mortality	11.1	10.7	10.23	12.5
Early Neo Natal Mortality	7.1	8.2	8.92	10.8
Perinatal Mortality	13.4	16.7	22.27	25.4
Still-births	6.3	8.9	12.46	14.8

* Not available.

DIAGNOSIS AND NUMBER OF HANDICAPPED PERSONS IN STEVENAGE

Disability	M	F	Number
Angina	2	–	2
Arthritis	12	24	36
Cerebral diplegia – spastic	8	4	12
Cerebral Tumour	–	1	1
Deaf	–	1	1
Dformity or Absence of Limbs	11	11	22
Diabetes	1	–	1
Epilepsy	1	1	2
Fractures	2	1	3
Heart Disease	3	4	7
Hernia	1	–	1
Hip deformities	–	3	3
Hodgkin's Disease	–	1	1
Hydrocephalus	1	–	1
Hypertension	1	–	1
Mongol	–	1	1
Multiple Sclerosis	10	4	14
Muscular Dystrophy	1	1	2
Nephritis	2	–	2
Neuromyelitis Optica	–	1	1
Paralysis Agitans	5	8	13
Poliomyelitis	10	4	14
Spina Bifida	1	1	2
Stroke	6	4	10
Tuberculosis	1	1	2
Thalidomide	1	–	1
Ulcerated legs	–	3	3
Miscellaneous	8	4	12
TOTAL	88	83	171

DIVISIONAL VITAL STATISTICS

In any discussion on vital statistics it should be remembered that the population of each separate district of North Hertfordshire represents a relatively small basis for comparative purposes. Population of the North Hertfordshire Division, however, which exceeds 150,000 may be considered sufficiently large for valid statistical deductions to be made, and for this purpose the table giving the overall picture of the vital statistics also includes similar statistics for the Division as a whole for comparison with each individual district.

Briefly, from a divisional point of view, all the rates may be considered/most satisfactory and none exceed the remainder of Hertfordshire or England and Wales as a whole. The birth rate was higher than that for the remainder of the county and the country, and the population of the Division increased during 1967 by 3,670, natural increase being 1,582. The continually increasing size of the Division, therefore, can be seen to be due to migration into the area rather than to any other factor.

DIVISIONAL VITAL STATISTICS 1967

	Males	Females	TOTAL
LIVE BIRTHS:			
Total	1,488	1,301	2,789
Legitimate	1,409	1,205	2,614
Illegitimate	79	96	175
Live Birth Rate (uncorrected) per 1,000 population	–	–	18.4
Live Birth Rate (corrected) per 1,000 population	–	–	
Illegitimate live births percentage of total live births	–	–	6.3
STILL-BIRTHS:			
Total	16	8	24
Rate per 1,000 live and still-births	–	–	8.5
Total live and still-births	1,504	1,309	2,813
DEATHS OF INFANTS UNDER 1 YEAR OF AGE:			
Total	22	15	37
Legitimate	21	13	34
Illegitimate	1	1	2
Infant Mortality Rate per 1,000 live births	–	–	13.3
Legitimate Infants per 1,000 legitimate live births	–	–	13,0
Illegitimate Infants per 1,000 illegitimate live births	–	–	11.4
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	–	–	10.6
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	–	–	8.2
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	–	–	16.7
MATERNAL MORTALITY, INCLUDING ABORTION:			
Number of deaths	–	–	1
Rate per 1,000 total live and still-births	–	–	0.33
TOTAL DEATHS:	627	580	1,207
Death Rate (uncorrected)	–	–	8.00
Death Rate (corrected)	–	–	*
Natural increase of population	–	–	1,582
Overall increase of population	–	–	3,670

SECTION "B"

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Divisional Medical Officer and Medical Officer of Health:
Dr J. D. Hall

Assistant County Medical Officers:
Dr. D. M. Batty
Dr P. T. Horder
Four vacancies
Dr A. T. Leaver

Part-time Medical Officers:
Dr K. P. Bayles
Dr H. I. L. Hall
Dr J. M. B. Juniper (One Session only)
Dr F. Moynihan
Dr S. J. Moynihan
Dr T. C. Probyn (One Session only)
Dr J. K. Snell (One Session only)
Dr E. E. Walton

Divisional Nursing Officer:
Miss S. H. Kestin

Deputy Divisional Nursing Officer:
Miss V. Turner

Divisional Welfare Officer:
Mr H. Matthews

Chief Clerk:
Mrs M. E. Scott

Deputy Chief Clerk:
Mrs E. Trinder

Secretary to Divisional Medical Officer:
Mrs S. Tytler

Opthalmologist:
Dr A. S. Awan

Psychiatrists:
Dr R. L. Berstock
Dr R. M. Gabriel
Dr O. Roper

Audiologist:
Dr M. V. Bickerton

Home Help Organiser:
Mrs O. M. Benton

Assistant Home Help Organiser:
Mrs E. C. Wigg

Health Visitors and Nursing Staff:

HEALTH VISITORS

Mrs S. O. Ball
Mrs D. M. Burgess
Mrs A. K. M. Clowser
Miss J. Crew
Mrs P. J. Crosskell
Miss M. M. Doherty
Mrs H. B. Grant
Mrs A. M. Hall
Miss R. P. Hulks
Mrs C. Kay
Miss M. C. Kemp
Mrs M. W. Kleiner
Miss M. McArthur
Miss E. L. Read
Mrs D. M. Rendle
Mrs H. J. Richards
Mrs S. Selves
Miss M. E. Shells
Mrs D. M. Sickler
Miss D. M. Sisman
Miss J. M. Steer
Miss P. M. Tomkies
Mrs M. J. Wall
Mrs M. Wood

DISTRICT NURSE/MIDWIVES

Mrs E. Bates
Miss A. E. Bemment
Miss V. M. Bennett
Mrs S. Bentley
Miss N. Bumfrey
Miss A. N. Bunton
Miss E. Collier
Mrs V. M. Fraser
Miss D. Grant
Miss M. L. Hibbert
Miss M. E. Lane
Miss J. Lentieul
Mrs A. E. M. McGraa
Mrs L. M. MacIntyre
Mrs J. L. Morley
Mrs H. A. Nwosu
Mrs J. Oyefeso
Miss A. D. Phillipson
Miss C. Y. Poon
Miss S. A. Seal
Mrs D. A. Stephens
Miss B. M. Wood

DISTRICT NURSES

Mrs K. Barratt
Miss E. M. Cooper
Mrs M. Hemmings
Mrs S. M. Hickling
Mrs M. P. Sayer
Mrs V. Worrall

DISTRICT MIDWIVES

Miss G. Crisp
Miss E. G. Dickinson
Mrs J. Noakes
Mrs D. Robbins
Miss N. Scrivens

VILLAGE NURSE/MIDWIFE

Miss W. M. Baldwin

DISTRICT NURSE/MIDWIFE/HEALTH VISITORS

Miss B. Armitage
Miss V. P. Dudley
Miss K. Muggeridge
Miss F. Redknap
Miss D. B. Wagland
Miss E. F. Wilkinson

PART-TIME ASSISTANTS TO HEALTH VISITORS

Mrs P. Ball
Mrs Y. Batt
Mrs C. M. Campbell
Mrs V. E. Connor
Mrs M. B. M. Crisp
Mrs J. Doyle
Mrs M. Edwards
Mrs G. E. Harvey
Mrs J. King
Mrs M. Lanham
Mrs E. Rogers
Mrs D. Warner

PART-TIME DISTRICT NURSE/MIDWIVES

Mrs U. K. Grainger-Allen
Mrs H. Holding
Miss G. J. Holyoake
Mrs F. B. Russell

PART-TIME DISTRICT NURSES

Mrs D. Cooper
Mrs P. D. Hardy
Mrs J. Hook
Mrs J. I. Nicholls
Mrs M. F. Powell
Mrs J. H. Pyrah
Miss M. Tiley

PART-TIME DISTRICT MIDWIFE

Mrs M. Carney

STATE ENROLLED NURSES

Mrs H. Gilchrist
Mrs G. J. Lines
Miss A. Phipps

Orthoptist:

Mrs D. Bottoms

Speech Therapists:

Miss D. Anson
Mrs M. Evesham

Training Centre Supervisors:

Mrs M. Howie
Mr D. R. Sindall

Training Centre Assistant Supervisors:

Mrs K. L. Bucksey
Mrs H. G. I. Thurstance
Mrs R. E. Tynan
Mrs S. V. M. Ward
Mrs M. Wood
Mrs L. Yescombe

Training Centre Senior Instructors:

Mr R. E. S. Everitt
Mrs J. A. St Clair

Mental Welfare Officers:

Mr A. J. S. Steel
Mr J. W. Crick
Miss E. M. Morris
Mr A. E. Nwosu
Mrs J. Smith
Miss M. Z. Walkley
Miss P. M. White

Social Workers for the Blind:

Mrs J. Price
Miss M. M. Roe

Part-time Chiropodists:

Mr W. D. Crawford
Mr R. W. Hawkes
Mr R. Hulks
Mr T. S. McConnell
Mrs R. Preece
Mr A. E. Read
Mrs M. W. Read
Mr A. Shepherdson
Mr A. H. Steer
Miss K. M. Tansley
Mrs S. A. Topham

Sectional Clerks:

General Health Department
Mrs E. Trinder

School Health Department
Miss F. E. Fossett

Maternity and Child Welfare Department
Mrs J. Clark

Clerks:

Mrs J. A. Archer (P.T.)
Mrs B. J. Beazley (P.T.)
Mrs P. Cotton
Mrs A. Darvill (P.T.)
Mrs D. E. M. Gray (P.T.)
Mrs A. M. Hancock (P.T.)
Miss C. Harvey
Mrs V. R. Harvey
Mrs J. Hessey
Mrs B. E. Hughes
Mrs J. D. Marsh (P.T.)
Mrs I. M. Munford (P.T.)
Mrs J. R. Rendo
Mrs M. A. Shinn (P.T.)
Mrs J. Skinner
Mrs M. Skipper
Miss C. J. M. Spencer
Mrs K. A. Stevens
Mrs P. Thurwell
Miss A. Tuley
Miss S. J. Warner
Mrs M. Wise (P.T.)

Child Guidance Secretary:

Miss P. J. Waller

Home Helps:

Fifty-six

"Good Neighbours":

Fifteen

Maintenance Staff:

Mrs H. Hailey
Mrs A. Leach
Mr A. W. Saunders
Mrs J. M. Walker

LOCAL HEALTH AUTHORITY SERVICES

Care of Mothers and Young Children – Section 22

Ante-Natal Booking Clinics

The completion of the attachment of midwives to groups of general practitioners made ante-natal booking sessions at some clinics unnecessary and ante-natal cases were seen at general practitioners' surgeries.

Attendances:

Clinic	No. of patients who attended 1967	No. of Attendances 1967
Hitchin: G.P. Surgeries	491	3,928
Letchworth G.P. Surgeries	210	1,002
Stevenage G.P. Surgeries	918	7,321
Baldock (Booking Clinic only) ...	60	60
Royston (Booking Clinic only) ...	17	17
Total	1,696	12,328

There were 2,779 live and stillbirths in the divisional area in 1967.

Ante-Natal Instruction Classes

Attendances increased by 94 (5 per cent) during 1967. Ante-natal instruction classes are important, not only in their teaching of relaxation exercises but in the opportunity they afford for the general instruction of nursing mothers.

Clinic	No. of Attendances 1967
Baldock	127
Hitchin	412
Letchworth	308
Royston	324
Stevenage	1,184
Total	2,355

Family Planning Clinic

Family planning in the division is provided by the Hertfordshire and Bedfordshire Branch of the Family Planning Association, and I am most grateful to the Branch Organising Secretary, Mrs K. Arger, both for the provisions she has made and for this report.

Sessions:

Hitchin, Bedford Road – Tuesday afternoon (Double Doctor Session)
Wednesday evening (Double Doctor Session)
Thursday morning (Single Doctor Session)

The training of doctors and nurses in family planning methods is carried out in this clinic. An I.U.D. session is also included.

Four hundred and forty-one new patients attended during the year and a total of 1,085 patients attended.

Oral contraception was the most used method.

Stevenage Family Centre – Tuesday afternoon (Treble Doctor Session)
Wednesday morning (Treble Doctor Session)
Thursday evening (Treble Doctor Session)
Friday morning (Treble Doctor Session)

Doctors and nurses are also trained at the Stevenage Family Planning Clinic. No I.U.D. sessions are held.

Five hundred and sixty-nine new patients attended during the year and a total of 2,242 patients attended.

Oral contraception was the most used method.

Infant Welfare Clinics

Infant Welfare Centre, Pinnocks Lane, Baldock	Wednsday 2–4 p.m. Thursday 2–4 p.m.	Dr S. J. Moynihan Health Visitor
County Health Centre, Bedford Road, Hitchin	Monday & Friday 2–4 p.m. Wednesday 2–4 p.m.	Dr D. M. Batty Health Visitor
Community Centre, Walsworth, Hitchin	2nd & 4th Wednesday 2–4 p.m.	Dr H. I. L. Hall
Oakfield Estate, Hitchin (Mobile)	2nd Thursday 10 a.m.–12 noon 4th Thursday 10 a.m.–12 noon	Dr D. M. Batty Health Visitor
Infant Welfare Centre, Congregational Hall, Knebworth	3rd Friday, 2–4 p.m.	Dr J. M. B. Juniper
County Health Centre, Nevells Road, Letchworth	Tuesday 2–4 p.m. Thursday 2–4 p.m.	Health Visitor Dr H. I. L. Hall
Community Centre, Middlefields, Letchworth	Monday 2–4 p.m.	Dr H. I. L. Hall
Jackmans Estate Health Annexe, Radburn Way, Letchworth	Wednesday 2–4 p.m. Friday 10 a.m.–12 noon	Dr K. P. Bayles Health Visitor
Infant Welfare Centre, Lady Dacre Rooms, Market Hill, Royston	1st Tuesday 2–4 p.m. Friday 2–4 p.m.	Dr J. K. Snell Health Visitor
County Health Centre, Southgate, Stevenage	Alternate Mondays 2–4 p.m. Alternate Mondays 2–4 p.m. Tuesday 9 a.m.–12 noon Alternate Thursdays 2–4 p.m. Alternate Thursdays 2–4 p.m. Friday 9.30 a.m.–12.30 p.m.	Dr P. T. Horder Health Visitor Health Visitor Dr P. T. Horder Health Visitor Health Visitor
Infant Welfare Centre, 27 High Street, Stevenage	Tuesday 2–4 p.m. Friday 2–4 p.m.	Dr K. P. Bayles Health Visitor
Lodge Farm Health Annexe, off Mobbsbury Way, Stevenage	Alternate Mondays 2–4 p.m. Alternate Mondays 2–4 p.m. Alternate Wednesdays 2–4 p.m. Alternate Wednesdays 2–4 p.m. Alternate Thursdays 2–4 p.m. Alternate Thursdays 2–4 p.m.	Dr P. T. Horder Health Visitor Dr P. T. Horder Health Visitor Dr P. T. Horder Health Visitor
Peartree Health Annexe, off Hydean Way, Stevenage	Tuesday & Wednesday 2–4 p.m.	Dr A. T. Leaver
Infant Welfare Centre, St Peter's Church Hall, Broadwater, Stevenage	Monday 2–4 p.m. Friday 2–4 p.m.	Health Visitor Dr K. P. Bayles
Infant Welfare Centre, Merchant Taylors' Further Education Centre, Ashwell	1st Friday 2–4 p.m. 3rd Friday 2–4 p.m.	Health Visitor Dr S. J. Moynihan
Infant Welfare Centre, Barkway (Mobile)	2nd Monday 10 a.m.–12 noon	Dr S. J. Moynihan
Infant Welfare Centre, Union Church Hall, High Street, Codicote	2nd Thursday 2–4 p.m. 4th Thursday 2–4 p.m.	Dr D. M. Batty Health Visitor
Infant Welfare Centre, Pirton and Holwell (Mobile)	2nd & 4th Wednesday 2–4 p.m. 1st Monday 10 a.m.–12 noon	Health Visitor Dr D. M. Batty
Infant Welfare Centre, Memorial Hall, Hall Lane, Kimpton	2nd Monday 2–4 p.m. 4th Monday 2–4 p.m.	Health Visitor Dr D. M. Batty
Infant Welfare Centre, Ickleford (Mobile)	1st Wednesday 2–4 p.m.	Health Visitor
Infant Welfare Centre, Ickleford (Mobile)	3rd Wednesday 2–4 p.m.	Dr D. M. Batty
Infant Welfare Centre, Village Hall, Great Offley	1st Thursday 2–4 p.m.	Dr D. M. Batty
Infant Welfare Centre, Sandon (Mobile)	1st Wednesday 10 a.m.–12 noon	Dr S. J. Moynihan
Infant Welfare Centre, Weston (Mobile)	1st Friday 10 a.m.–12 noon	Dr S. J. Moynihan
Infant Welfare Centre, Whitwell (Mobile)	4th Thursday 2–4 p.m.	Dr D. M. Batty

Clinic	Children Born in 1967	Children Born in 1966	Children Born in 1962–65	No. of Attendances
Baldock	95	97	234	2,913
Hitchin	433	420	547	8,098
Letchworth	471	569	457	11,616
Royston	117	151	165	2,297
Stevenage	1,128	975	853	14,251
Hitchin Rural	275	272	314	5,713
TOTAL	2,519	2,484	2,570	44,888

Premature Infants

A premature infant is one which weighs $5\frac{1}{2}$ lb or less at birth. Observations on the risks of prematurity are included elsewhere in the discussion on divisional vital statistics.

There were 159 premature births in the division: 12 were twins, 11 were stillborn, 18 per cent were born at home and 82 per cent in hospital; 19 premature babies died in the first four weeks of life, 18 in hospital.

The incidence of premature births increased by 30 per cent during 1967 with a corresponding increase in the loss of life.

The figures are, however, too small to assess their significance.

PREMATURE INFANTS BORN IN 1967

District	Born Alive			Stillbirths				Died under 28 days			No. who survived 28 days		
	At Home	In Hosp.	Total	At Home	In Hosp.	Total	No. removed to Hosp. after Birth	At Home	In Hosp.	Total	Born at Home	Born in Hosp.	Total
Baldock	4	2	6	0	0	0	0	0	2	2	4	0	4
Hitchin	5	16	21	0	1	1	1	0	3	3	4	14	18
Letchworth ...	1	4 Twins 23	24	0	1	1	0	0	4	4	1	19	20
Royston	3	3 Twins 4	7	0	1	1	0	0	0	0	3	4	7
Stevenage ...	19	5 Twins 60	79	0	2	2	1	1	6	7	18	54	72
Hitchin Rural ...	2	13	15	0	2	2	0	0	3	3	2	10	12
TOTALS ...	34	118	152	0	7	7	2	1	18	19	32	101	133

Care of the Unmarried Mother and Child

Age Incidence:

(1) Age 15–19	33
(2) Age 20–24	31
(3) Age 25–29	7
(4) Age 30–39	9
(5) Age 40 and over ...	–
Unknown	5

A total of 175 illegitimate births were, in fact, notified by the Registrar General during 1967.

Day Nurseries

Category	No. on Register
1. Children of widows or widowers	6
2. Children of unmarried mothers	9
3. Children of deserted wives or husbands	15
4. Children of parents in prison	nil
5. Children of parents suffering from chronic illness or disablement	1
6. Temporary cases, for example, mother's illness or confinement	nil
7. Children recommended by doctor or health visitor for temporary help	4
8. Children of parents coming within the "Essential Services" categories; for example, teachers and nurses (Local Committee Members' approval required)	4
9. Children living in bad housing conditions	nil
10. Children of families where there was a risk of break-up in family	2

The number of children on the register of the day nursery as at 31st December, 1967, was 41.

MIDWIFERY – SECTION 23

The County Council's policy, with the decline in birth rate and of domiciliary confinements, to appoint district nurse/midwives continued during 1967.

All midwives are authorised to use their private motor cars on official business and the County Council, in common with other local authorities, operate an assisted car-purchase scheme for staff classified as "essential users."

Post-graduate courses were arranged for those members of the staff who were required to attend in accordance with Section G of the Rules of the Central Midwives Board. Four midwives attended these courses.

Of the 2,456 live and stillbirths in the division during 1967 district midwives delivered 1,035 – 42 per cent of all deliveries, therefore, were domiciliary. The Cranbrook Committee in its report on the maternity services recommended that provision should be made for 70 per cent of all mothers to be confined in hospital. In North Hertfordshire it will be seen that only 58 per cent of mothers were so delivered. In spite of this added burden on the domiciliary midwifery services, on an average, each midwife delivered 1.4 patients each week, an indication of the declining role of the domiciliary midwife. Midwives attended 172 mothers who were discharged from hospital within forty-eight hours of delivery: this is an early discharge rate of 12 per cent and is within the national average. It is an improvement on the figure for 1966 when the early discharge rate for North Hertfordshire exceeded that for the rest of the country. It would seem that the increased number of beds available in the North Hertfordshire Maternity Unit have made it possible for more mothers to stay longer in hospital.

DOMICILIARY MIDWIFERY

Ante-Natal visits to Expectant Mothers	11,589
Home Condition Reports for Hospitals	549
Ante-Natal Session – Local Authority	121
Ante-Natal Session – General Practitioner	809
Deliveries – Home	1,035
Total – Live and Stillbirths	2,456
Percentage of Home Confinements	42%
Percentage of Primipara	29%
Early Hospital Discharge – 48 hours	172
After 48 hours	703
Percentage of Early Discharges	12%

HEALTH VISITING – SECTION 24

Twenty-four health visitors were employed during 1967 with the assistance of twelve State Registered Nurses who attended school and infant welfare clinic sessions.

During 1967 a health visitors' training course was formed at the Stevenage College of Further Education and this should help to ease the recruiting situation which is still very difficult.

Health Visiting

Child Welfare	Visits ...	37,567
Aged	Visits ...	3,481
Others	Visits ...	2,489
School Inspections	Sessions ...	1,392
Maternity and Child Welfare ...	Sessions ...	2,205
Others	Sessions ...	6,678

The number of visits to aged persons during 1967 increased by 38 per cent.

HOME NURSING – SECTION 25

The staff of the home nursing service in the division at 31st December, 1967, consisted of seven full-time district nurses and seven part-time district nurses; twenty-one full-time district nurse/midwives and four part-time district nurse/midwives. The staff who are able to drive cars are either authorised to use their own vehicles on official business, or have been provided with county-owned motor vehicles.

A Night Nursing Service has been established, and two State Enrolled Nurses have been employed for this purpose. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse. Ten patients were attended in 1967 and a total of forty-three visits were paid. This service was restricted by the shortage of available staff.

The following are statistics relating to the work of the home nurses in 1967. It will be seen that they made 40,191 visits to 1,827 patients; 42 per cent of the patients nursed were aged 65 or over and they were visited on 27,134 occasions; 66 per cent of all visits, therefore, were made to this age group, a decrease of 6 per cent from 1966.

HOME NURSING

Classification	No. of cases attended	No. of visits made
Medical	1,304	32,319
Surgical	375	7,634
Tuberculosis	2	35
Others	146	203
TOTALS	1,827	40,191
Patients included above who were aged 65 or over	757	27,134
Children included above who were under 5 or less	33	209
G.P. Surgery		Sessions 1,168
G.P. Surgery		Treatments 1,542

VACCINATION AND IMMUNISATION – SECTION 26

SMALLPOX

	Under 1	1-2 years	2-5 years	5-15 years	15+ years	Totals
VACCINATIONS						
(*a*) By Clinic Medical Officers	7	417	262	9	–	695
(*b*) By Private Doctors	51	414	694	99	8	1,266
RE-VACCINATIONS						
(*a*) By Clinic Medical Officers	–	–	4	5	8	17
(*b*) By Private Doctors	–	–	10	177	11	198
Total vaccinated and re-vaccinated	58	831	970	290	27	2,176

Fifty-eight per cent of the children vaccinated at local health authority clinics were under the age of two years as compared with only 28 per cent of the same age group by family doctors; 55 per cent of those vaccinated privately were over the age of two years. Complications are lessened by vaccination under the age of two years and parents are urged firstly to have their children vaccinated against smallpox as a matter of routine, and secondly to request such treatment before the age of two is reached.

DIPHTHERIA, TETANUS and WHOOPING COUGH

	Year of Birth					Totals
	1967	1966	1965–63	1962–52	1951	
PRIMARY IMMUNISATION						
(*a*) By Clinic or School Medical Officers ...	644	829	63	13	–	1,549
(*b*) By Private Doctors	513	469	89	45	–	1,116
SECONDARY or REINFORCING INJECTIONS						
(*a*) By Clinic or School Medical Officers ...	–	665	530	188	–	1,383
(*b*) By Private Doctors	–	208	424	391	–	1,023
Total of primary and secondary immunisation	1,157	2,171	1,106	637	–	5,071

DIPHTHERIA and TETANUS COMBINED

		Year of Birth				Totals
	1967	1966	1965–63	1962–52	1951	
PRIMARY IMMUNISATION						
(*a*) By Clinic Medical Officers	16	26	30	46	–	118
(*b*) By Private Doctors	15	8	4	9	–	36
SECONDARY or REINFORCING INJECTIONS						
(*a*) By Clinic Medical Officers	–	29	105	833	–	967
(*b*) By Private Doctors	–	11	52	401	–	464
Total of primary and secondary immunisation	31	74	191	1,289	–	1,585

TETANUS

		Year of Birth				Totals
	1967	1966	1965–63	1962–52	1951	
PRIMARY IMMUNISATION						
(*a*) By Clinic Medical Officers	–	–	2	20	–	22
(*b*) By Private Doctors	2	2	2	89	–	95
SECONDARY or REINFORCING INJECTIONS						
(*a*) By Clinic Medical Officers	–	1	3	45	–	49
(*b*) By Private Doctors	–	–	16	197	–	213
Total of primary and secondary immunisations	2	3	23	351	–	379

POLIOMYELITIS

		Year of Birth			Totals
	1967	1966	1965–63	1962	
PRIMARY IMMUNISATION					
(*a*) By Clinic or School Medical Officer	719	1,067	222	77	2,085
(*b*) By Private Doctors	410	586	127	46	1,169
SECONDARY or REINFORCING INJECTIONS					
(*a*) By Clinic or School Medical Officer	–	215	245	1,479	1,939
(*b*) By Private Doctors	–	139	235	619	993
Total of primary and secondary immunisations	1,129	2,007	829	2,221	6,186

In 1966 local health authorities were issued with 4,710,500 doses of oral vaccine compared with 34,000 doses of vaccine for injection. The use of the latter vaccine should be discontinued.

AMBULANCE SERVICE – SECTION 27

Number of patients conveyed	66,894
Number of journeys	17,074
Total mileage	429,847
Details of Journeys:	
Accidents	1,562
Sudden Illness	516
Removals	64,198
Maternity	618
	66,894

The divisional area is served by the County Ambulance Station at St George's Way, Stevenage. The Area Supervisor is Mr J. Sweetman, who has kindly supplied the above statistics.

PREVENTION OF ILLNESS: CARE AND AFTER-CARE – SECTION 28

The provision of the medical loans service continued to be delegated to the voluntary organisations of the British Red Cross Society and the St John Ambulance Brigade. No charge was made and many items, such as back-rests, air-rings, bedpans, etc., were included. More expensive equipment was provided directly by County Hall and patients have benefited from the use of ripple beds, hydraulic hoits, bath-seats, etc.

Forty-seven patients were recommended by their family doctors for a convalescent holiday and these were mainly spent at County Hall's convalescent home at St Leonard's-on-Sea.

Chest Clinic

Health Visiting:	
Tuberculosis Households – Visits	288
B.C.G. Follow-up – Visits	69
Contacts – Visits	209
Non-Tuberculosis – Visits	152
New Cases:	
Immigrants	7
Others	32
Contacts of New Cases	209
Heaf negative	110
B.C.G. vaccination	85

VENEREAL DISEASES

SPECIAL CLINIC	Totals All Venereal Conditions	Number of New Cases in 1967			
		Syphilis		Gonorrhoea	Other Venereal Conditions
		Primary and Secondary	Other		
Addenbrooke's Hospital, Cambridge	20	–	–	1	19
Lister Hospital, Hitchin	197	3	7	35	152
Total	217	3	7	36	171

CYTOLOGY CLINIC

"Well Woman" Clinic – January 1967

Hitchin	Every Wednesday	a.m.
Letchworth	1st and 3rd Tuesday	a.m.
Stevenage	Thursday a.m. and Friday p.m.	

1967 was the first full year in which the cervical cytology clinics were held in the North Hertfordshire Division and the attendance figures were disappointing. The population at risk from cancer of the cervix, i.e. women aged 30 and over, are shown in the table for each district and as a total for the whole division. Since, in fact, no female is turned away from these clinics, a more realistic appreciation of the population at risk is perhaps from the age of 20 upwards, and this figure is also included in the table. From these figures it will be seen that in the case of Stevenage only 8 per cent of the female population aged 20 and over attended and 11 per cent of the female population aged 30 and above. In Hitchin, based on the Hitchin Urban District population, the corresponding figures were 3 per cent and 4 per cent; and in Letchworth, based on the Letchworth Urban District population, 3 per cent and 3 per cent. The percentages, however, for both Hitchin and Letchworth would appear to be rather worse even than these figures suggest since women from Royston, Baldock and Hitchin Rural Districts would attend at these two clinics – the increasing size of the female population at risk depressing the percentages above. The percentage of attendances for women at risk for the whole of the North Hertfordshire Division were 4 per cent based on the female population aged 20 and over, and 5 per cent on a population aged 30 and over. It is clear from these figures that the cervical cytology clinics are not being properly used and consideration will have to be given during the coming year – 1968 – to an increase in publicity. It should be remembered, however, that to a certain extent the number of women attending these clinics has been limited by the number of smears that can be dealt with at the hospital; and this has been limited to twenty each session. The waiting-lists are now, however, very much reduced. 77 per cent of all smears taken in the division as a whole were negative. Only 0.05 per cent were positive (one positive smear – Stevenage). 1.6 per cent of the specimens taken were unsatisfactory which suggests the care with which this work is carried out in the clinics. It is interesting to observe the high percentage of infection by trichomonas vaginalis found at the Letchworth and Stevenage clinics (25 per cent and 20 per cent respectively). Of 1,852 smears examined it will be seen, therefore, that only one smear was positive. This figure would suggest that the value of cervical cytology is debatable. It must be remembered, however, that probably the most important aspect of these clinics is the examination of the breasts and the full internal examination which is carried out by the medical officer. Cancer of the breast is the third commonest cancer and by far the commonest for women. The last available figures (1966) for England and Wales for cancer showed the following rates per million, cancers fo various sites in females:

Breast	398	Ovary	134
Stomach	229	Rectum	105
Intestine (except rectum)	223	Cervix uteri	101
Lung	179	Pancreas	90

Breast Examinations

Number of abnormalities referred in 1967:

Hitchin	9
Letchworth	nil
Stevenage	7

These numbers were lower than expected and reflects the differing opinions of an abnormal breast swelling.

CERVICAL CYTOLOGY CLINICS - "WELL WOMAN" 1967

CLINICS	No. 1st Attend-ances	% Pop. at risk attending	Negative		Positive		Unsatis-factory Specimens		Inflam-matory Changes		Tricho-monas Vaginalis		Monilia		Suspicious		Cell Irregulari-ties	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	N9.	%
HITCHIN – Each Wednesday a.m.	306	* (i) 3 (ii) 4	218	71	–	–	5	1.6	71	25	8	3	1	0.3	3	1.0	–	–
LETCHWORTH – 1st and 3rd Tuesdays a.m.	255	(i) 3 (ii) 3	177	70	–	–	3	1.2	9	3.7	64	25	1	0.5	–	–	1	0.5
STEVENAGE – Each Thursday a.m.; Each Friday p.m.	1,291	(i) 8 (ii) 11	1,028	83	1	0.08	13	1.0	201	16	29	20	12	1.0	4	0.3	3	0.2
TOTALS	1,852	(i) 4 (ii) 5	1,423	77	1	0.05	21	1.6	281	14	101	6	14	0.6	7	0.4	4	0.2

* (i) Aged 20 and over
(ii) Aged 30 and over

Population At Risk Women (Sample Census 1966 – estimated error 1.6 per cent deficient

Baldock U.D.	...	(i) 2,080 (ii) 1,740	Royston U.D.	...	(i) 2,260 (ii) 1,860
Hitchin U.D.	...	(i) 9,540 (ii) 7,900	Stevenage U.D.	...	(i) 16,200 (ii) 12,350
Letchworth U.D.	...	(i) 9,480 ii 7,950	Hitchin R.D.	...	(i) 8,560 (ii) 7,200

TOTAL AT RISK (i) 48,120
(ii) 39,000

CHIROPODY

Number of persons treated during year ending 31st December, 1967:

	By local authorities (1)	By voluntary organisations (2)	Total (3)
1. Persons aged 65... and over	1,566	–	1,566
2. Expectant Mothers	–	–	–
3. Children under 5...	–	–	–
4. Others	9	–	9
5. Total	1,575	–	1,575

The chiropody service is now almost exclusively directed to the aged.

Number of treatments given during year ending 31st December, 1967:

	By local authorities (1)	By voluntary organisations (2)	Total (3)
1. In clinics	1,969	–	1,969
2. In patients' homes	3,305	–	3,305
3. In old people's homes	–	–	–
4. In chiropodists' surgeries	3,569	–	3,569
5. Total	8,843	–	8,843

40 per cent of treatments were carried out in the patients' home. A rather high figure.

Number of treatments included in Part 2 above which were paid for by the Authority on the basis of fees per treatment:

Local authorities	367
Voluntary organisations ...	–
Total	367

MEALS ON WHEELS

Meals on Wheels Services were in operation in all parts of the division in 1967. Under the provisions of the scheme meals are provided to people suffering from malnutrition or who are unable to cook their own meals due to disability or infirmity.

District	No. of Persons	Frequency	Total Meals
Baldock ...	9	Twice weekly ...	1,020
Hitchin ...	60	Three times weekly	8,736
Letchworth ...	36	Twice weekly ...	3,640
Royston ...	30	Twice weekly ...	1,770
Stevenage ...	60	Three times weekly	8,833
Hitchin Rural	49	23 Thrice weekly ... 26 Twice weekly ...	4,656
TOTAL ...	244		28,655

The problems of organisation of a Meals on Wheels service are often very great and I would like to record my indebtedness to the following W.R.V.S. Centre organisers for their work during the year: Mrs H. Ball, Mrs A. E. Cowgill, Mrs Q. Garner, Miss D. Jacklin, Mrs H. R. Weston, Mrs C. R. Wood.

NATIONAL ASSISTANCE ACT, 1948 – SECTION 47

This section of the Act is concerned with the compulsory removal of persons in need of care from their homes on a Court Order, or in emergency on an Order signed by two medical practitioners and a Justice of the Peace. Such a person may be removed to a county home or hospital provided that all sections of the Act are satisfied.

Such action was necessary during 1967.

National Assistance Act, Sections 21–36:

During 1967 the shortage of geriatric beds at Lister Hospital continued to cause difficulties in the admission of patients from County Council Old People's Homes despite the utmost help and co-operation from Dr C. Firth, Consultant Geriatrician.

The heavy demand for residential accommodation continued – the waiting list being twenty-one men and thirty women. The position will not be eased by Governmental restrictions on new buildings.

Seven hundred physically handicapped persons were ascertained during the year and helped with aids and adaptations.

DIAGNOSIS AND NUMBER OF HANDICAPPED PERSONS IN NORTH HERTFORDSHIRE

Disability	M	F	Number
Angina	2	–	2
Arteriosclerosis	1	2	3
Arthritis	26	117	143
Cerebral diplegia – spastic	11	8	19
Cerebral tumour	–	1	1
Deaf	–	1	1
Deformity or absence of limbs ...	22	16	38
Diabetes	1	–	1
Epilepsy	2	5	7
Fractures	4	4	8
Heart Disease	6	11	17
Hernia	1	–	1
Hip deformities	1	5	6
Hodgkin's Disease	–	1	1
Hydrocephalus	1	–	1
Hypertension	1	–	1
Mongol	–	1	1
Motor Neuron Disease	1	–	1
Multiple defects	–	2	2
Multiple sclerosis	17	17	34
Muscular Dystrophy	1	1	2
Nephritis	2	–	2
Neuritis	–	1	1
Neuromyelitis Optica	–	1	1
Paget's Disease	–	2	2
Paralysis agitans	19	22	41
Poliomyelitis	12	11	23
Spina Bifida	1	1	2
Stroke	13	13	26
Syringomyelia	1	2	3
Thalidomide	1	–	1
Tuberculosis	3	2	5
Ulcerated legs	1	3	4
Miscellaneous	14	10	24
TOTAL	165	260	425

A total of 426 handicapped persons in the North Hertfordshire division required special help during the year. This help ranged from housing conversions and additions to support from time to time.

It will be observed that the commonest cause of handicapping was arthritis (33.6 per cent) and that five times as many women suffered from this condition as men, mainly because of the greater life expectancy of women. The second commonest cause of handicapping which required assistance from the local health and welfare authority was paralysis agitans (9.6 per cent). Absence of limbs following amputation was the third commonest cause (9.2 per cent); multiple sclerosis was responsible for 8 per cent of cases, followed by the after-effects of cerebral haemorrhage and cerebral thrombosis (6.1 per cent).

Blind Welfare

District	No. of Registered Blind Persons	No. of Registered Partially sighted Persons	* No. of Registered Blind and partially sighted persons with other handicaps including deafness and mental subnormality
Baldock	31	7	–
Hitchin	67	18	*16
Letchworth	62	24	–
Royston	18	3	–
Stevenage	48	33	*12
Stevenage Rural	4	–	*1
Hitchin Rural	21	8	*7
TOTAL	251	93	*36

* These are included in the totals of columns 2 and 3

Patients were visited at varying intervals throughout the year according to their separate needs. Lessons were given in typewriting, Braille and Moon, and handicraft lessons. Applications were made for wirelesses, talking books, holidays and grants, and orders were made for R.N.I.B. apparatus. Other associations, etc., were contacted where necessary. Several outings to the seaside and country were arranged.

Mental Health Act, 1959 – Sections 25, 26 and 29

Eighty-six cases were seen by Mental Welfare Officers with a view to compulsory removal to hospital. Seventy-two were the subject of removal orders. It continues to be very difficult to obtain beds at Fairfield Mental Hospital for geriartic mental cases.

Training Centres

Junior Training Centre, Bedford Road, Hitchin

Special Care Unit	21
General Unit	48
Nursery	4
Total	73

A nursery class was established, and the adult classes moved to Stevenage. It was not until 1967, however, that children under five attended the nursery unit regularly. The numbers in both the general unit and the special care unit have increased during the year. In November several of the children who attended the special care unit were transferred from ambulance service transport to the ordinary Centre coach transport.

Two children were transferred to the Adult Training Centre and one to a school for the educationally subnormal.

Adult Training Centre, Leyden Road, Stevenage

Trainees on roll 1st January, 1967	29
Trainees on roll 31st December, 1967	35
Five males, Five females } joined the Centre during 1967	
Three males, One female } left the Centre during 1967	

A social laundry and domestic science programme was started, and increasing attention was paid to liaison with local industries during the year.

Health Education

The health visitors continued to give talks to various groups of varying age groups. The following were given during 1967:

Home Safety	23 talks to Junior School Children
Home Safety	1 talk to Mothers' Club
Mothercraft	25 talks to expectant mothers
Hygiene	10 talks to Junior School Children
Mothercraft and Child Development ...	17 talks to mothers in welfare centres
Community Health	4 talks to Old People's Clubs, Women's Institutes, Mothers' Clubs
Work of the Health Visitors	3 talks to school children

The midwives also hold ante-natal instruction classes in each town, to which women expecting their first babies were specially invited.

Posters and demonstrations were arranged in the clinics and more use was made of filmstrips.

DOMESTIC HELP SERVICE – SECTION 29

Number of Home Helps employed at 31.12.67 part-time	56
Number of Good Neighbours employed at 31.12.67 part-tme ...	15

GROUPS RECEIVING ASSISTANCE

	No. of cases	No. of hours given
1. Maternity (including expectant mothers)	99	2,372½
2. Chronic sick:		
(a) Aged 65-plus	432	39,484
(b) Aged under 65 and T.B.	41	
3. Others	48	
Including:		
(a) Mental Health		26
(b) Tuberculosis		397½
(c) Blind		3,818¼
(d) Miscellaneous		67
Acute Cases		770
Accidents		440¾
TOTAL	620	47,375¾

Night-sitter Service

This service was extremely limited owing to the difficulty in obtaining suitable night-sitters: the service is intended to relieve relatives for two nights each week and a charge is made depending upon the assessed income of the applicant. This service is run in conjunction with the Home Help Organiser who also arranges the " Good Neighbour " Service.

SCHOOL HEALTH SERVICE

The School Medical Officers' comments are of interest:

" Parents are usually present at the five-year-old medicals and this is essential. It is also important to have a report from the teachers before the examination."

" Eczema is seen in children of all ages, but is nearly always being treated by the family doctor or skin specialist. Adolescents with acne often use ointments, but the most important measures are to keep the skin clean, not to touch the spots and to avoid excessive carbohydrates in the diet."

" Eye defects are mainly found in children in junior schools and in senior schools, and these are being noted at annual testings."

" Hearing defects are reported by teachers or parents or are found at routine examinations. Audiometric tests are not at present carried out on all children routinely."

" Throat infections, catarrh and sinus infections cause loss of schooling especially during the first year or two of school; if these continue for more than a year and there has been no improvement, tonsillectomy should be considered."

" Speech defects are frequently present in children starting school, but usually improve quickly. If the defects persist, referral for hearing tests and speech therapy is indicated."

" Bronchitis causes absences from school, although some children are helped by antibiotic treatment. Asthma also causes absences, although children must be encouraged to attend when possible. It is very helpful if parents and teachers co-operate with this problem and the child gains confidence in dealing with the attacks."

" Children with epilepsy are often able to attend ordinary schools, but it is important for the staff of the school to be aware of the treatment."

" Cases of acute depression have been seen in school children."

" Overweight is a problem in junior and secondary school children, and the co-operation of parent and child must be gained if a child is to lose weight. Avoidance of snacks and biscuits between meals often helps. A large number of children leave the house for school without any breakfast, and then buy snacks at school tuck-shops during the mid-morning break. This could be avoided by eating a sensible breakfast."

The medical staffing position in the division is now at a seriously low level and I would pay tribute to the hard work of the school medical officers under trying conditions. Drs Batty, Horder and Leaver are now the only remaining whole-time medical staff from an establishment of six or seven, and I am grateful to them for the way in which they have responded to the difficulties which have most unfairly resulted from this staff shortage.

TABLE I

Inspection of School Children 1967:	
Entrants including 8-year-olds	2,798
First-year Secondary	927
Last-year Secondary	1,653
Total	5,378
Number of special inspections	362
Number of re-inspections	3,708
Total	4,070
Total inspection	9,448
Physical Condition of Pupils Inspected:	
Satisfactory	6,350
Found to require treatment	23
Percentage	0.36%

The percentage of children, 0.36 per cent, found to require treatment is most satisfactory and equates with the national average. This percentage is really quite remarkable. It reflects the improved economic and social circumstances of the country as a whole and the general good health of the school population.

The number of examinations carried out during 1967 is less than in the previous year and this is a reflection of the medical staffing problems.

I am happy to record that the divisional education officers and the school heads have shown a ready appreciation of the current difficulties.

TABLE II

Cleanliness and Head Infestations:	
Total number examinations made for this purpose	47,374
Total number found infested	110
Total percentage found infested	0.23%

TABLE III

CARE OF HANDICAPPED CHILDREN:

Whitney Wood School – E.S.N.	165
Residential School – E.S.N.	42
Residential School – Deaf or Partially Deaf	15
Residential School – Deaf E.S.N.	–
Residential School – Blind	7
Resigential School – Partially sighted	9
Residential School – Delicate	5
Residential School – Cerebral Palsy	–
Residential School – Physically Handicapped, excluding Cerebral Palsy	15
Residential School – Epileptic	5
Residential School – Maladjusted	15
Mossbury Infants' Special Class for partially deaf ...	9
Mossbury J.M. Special Class for partially deaf	6
Total	293

NOTE – TABLE II: The percentage, 0.23, of children found infested was very low indeed; that only 110 children out of 47,374 examined for this purpose were found to be infested with pediculosis capitis is extraordinary. It is apparent that different methods of recording infestation are being carried out and that more cases must exist.

TABLE IV

B.C.G. VACCINATION – 11, 12 AND 13 YEARS AND OLDER SCHOOL CHILDREN:

Number of children offered testing and vaccination if necessary	3,416
Number of acceptances	3,195
Percentage of acceptances	93·5%

PRE-VACCINATION TUBERCULIN TEST:

Number tested	2,861

RESULT OF TEST:

Number positive	315
Number negative	2,546
Number not ascertained	51
Percentage positive	9.8%
Number vaccinated	2,505

Note. – The percentage of children Heaf negative is higher than the national average. The percentage of acceptances is most satisfactory; no adverse reactions to B.C.G. vaccination were reported during the year.

The number of skin tests carried out during 1967 increased by 1,300 and of vaccinations by 1,200 due to the lowering of the age. The medical, nursing and clerical staffs who carried out this work are to be congratulated in absorbing the heavy work load caused.

AUDIOMETRY

TABLE V

Number tested	507
Number with no loss	284

CHILD GUIDANCE CLINIC

Hitchin Clinic	0–5 years	5–15 years	Over 15 years	Total
New cases referred ...	16	101	5	122
Current cases at 31.12.67	17	210	41	268
Special Schools	–	46	22	68

	0–5 years	5–15 years	Over 15 years	Total
Total No. of Interviews:				
Psychiatric	14	284	75	373
Psychological	12	94	15	121
Psychiatric Social Worker Interviews	*	*	*	841
Stevenage Clinic:				
New cases referred	*	*	*	134
Current cases at 31.12.67	*	*	*	*
Special Schools	*	*	*	*
Total No. of Interviews:				
Psychiatric and psychotherapeutic interviews	*	*	*	472
Psychologist interviews (including therapy sessions and trainee psychologist interviews)	*	*	*	610
Psychiatric Social Worker Interviews	*	*	*	765
Social Worker Interviews	*	*	*	275

* Figures not available.

I am grateful to Dr Olive Roper for the following report:

Last year the degree to which the work was hampered by the shortage of psychiatric time available and by the inadequacies of some premises was stressed and there was no improvement during 1967.

An evening session has been arranged at the Lister Hospital for the purpose of seeing young people from the age of 15 years. Several of this age group already attend at Hitchin and will be moved to the new clinic. The Senior Registrar at Hitchin continued to be of great help, but as she is bound to leave us in the near future we shall then be very hard pressed to give an adequate service.

Premises are another problem – there are insufficient rooms at both clinics on the days on which everyone is working. This has affected the amount of help we can give the students on the Stevenage Child Care course. We had one student at Hitchin. During the coming year we have decided our limited accommodation has made it impossible for us to accept a student at Hitchin.

We understand that it is possible we might get additional accommodation and although this will not solve the problem of psychiatric time it will give us more flexibility in the use of personnel and enable us to have more group discussions. In North Hertfordshire we are still needing a special class for maladjusted children and during this last year we have been aware of some of the acute problems of immigrant children in this area.

Our relationship with outside agencies has been good, but I feel we could do so much more if I could be at both clinics twice a week.

The Consultant Paediatrician for the area, Dr C. G. Fagg, is always available for consultation and I am indebted to him for his help during the year.

I would also acknowledge the help and co-operation from Dr C. Firth – Consultant Geriatrician – and Dr B. Mallett – Consultant Psychiatrist.

Drs Roper and Gabriel have played a large part in the School Health Service and I am grateful to them also.

HOSPITAL SERVICES

The hospital services for the area are administered by the North West Metropolitan Regional Hospital Board with the Luton and Hitchin Hospital Management Committee. Addenbrooke's Hospital is administered by the United Cambridge Hospitals.

General Hospital Services

North Hertfordshire Hospital, Hitchin
Lister Hospital, Hitchin
Addenbrooke's Hospital, Cambridge

Maternity Hospital Services

North Hertfordshire Maternity Unit, Hitchin

Chest Clinic

Lister Hospital, Hitchin

Laboratory Services

Dr A. T. Willis, Director, Public Health Laboratory, Luton and Dunstable Hospital, Lewsey Road, Luton, Beds

Dr G. R. E. Maylor, Director, Public Health Laboratory, Tennis Court Road, Cambridge

Sections " C," " D " and " E " have been compiled by the Chief Public Health Inspector, Mr. R. V. Lamey

SECTION " C "

SANITARY CIRCUMSTANCES OF THE AREA

(i) *Water Supply*

The Lee Valley Water Company is the water undertaking for the area and an adequate supply of water is maintained.

Apart from a small bulk supply of water taken from the Watton Road pumping station at Knebworth, the town's water supply is obtained from boreholes at Whitehall pumping station which is situated just outside the Urban District boundaries and from Broomin Green pumping station within the town of Stevenage.

In addition, there are boreholes at Rooks Nest within the town of Stevenage, but this source is not at present used for public supply.

The water from the pumping stations is subjected to chlorination, de-chlorination and aeration before going into supply.

Chemical analysis and bacteriological examination of the water supplied to Stevenage are made by the Water Authority and the results are forwarded to the Council. Details of these samples taken during the year, all of which proved satisfactory, are as follows:

	Raw Water 1967	Water in Supply
Chemical	7	17
Bacteriological	82	388

In addition, your Public Health Inspectors regularly sample water at domestic and business premises and these are submitted to the Public Health Laboratory, Luton, for bacteriological examination. During the year 63 such samples were taken and all proved satisfactory.

Routine tests were made throughout the year on the distributive system and on examination the fluoride content was found in all cases to be less than 0·2 parts per million and showed no indication of plumbo-solvency.

There are now only two houses in the Urban District which obtain their water from private boreholes. These boreholes are approximately 200-ft. deep and have always given satisfactory results on bacteriological examination.

The Swimming Bath waters are regularly sampled for bacteriological examination and chemical analysis and a satisfactory standard has been maintained throughout the year.

(ii) *Sewage Disposal*

All main foul water drainage is dealt with at the Ryemead Sewage Works near Harlow. Few properties remain connected to cesspools or septic tank installations and these will further decrease as extensions of the main sewerage systems take place.

(iii) *Refuse Collection*

The Public Cleansing Service is controlled by the Council's Surveyor. For the first six months controlled tipping was carried out at Bramfield Lane, near Hertford, and for the latter half of the year at Broadfield Tip, Hertford.

In addition to the normal household refuse collection, the Council operate a Trade Refuse and Junk Collection Service.

(iv) *Petroleum Installations*

Fifty-nine licences permitting the storage of 158,128 gallons of petroleum and petroleum mixtures have been issued during the year.

(v) *Common Lodging Houses*

There are no common lodging houses in Stevenage.

(vi) *Rodent Control*

There was a marked increase in the number of complaints received following an outbreak of Leptospirosis in an adjoining area.

The public continue to co-operate by reporting evidence of rodent infestations and I am pleased to record that at all times the situation in Stevenage has been kept well in hand. All complaints are normally investigated within 24 hours of reporting.

Details of Rodent Control work carried out during the year are as follows:

Total inspections	7,025
No. of infested properties found	2,159
No. of infested properties treated	2,159
Complaints received	701

The annual test baiting of the sewers revealed no infestations.

(vii) *Open Air Market*

The Council operate an Open Air Market in the town centre on Fridays and Saturdays. No open food, other than fruit or vegetables, is permitted to be sold from the stalls. Fish, shell fish, ice cream and refreshments may be obtained from three mobile shops, which each satisfy the requirements of the Food Hygiene Regulations.

Hot and cold water supplies, together with sinks, are provided for the washing of stallholders' equipment, and a public convenience, with hot and cold washing facilities and hand-drying equipment, is also available.

The market is administered by the Public Health Department and complies with the provisions of the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations, 1966.

(viii) *Poultry Processing Establishments*

There are no establishments of this nature within the town.

(ix) *Knackers Yard*

The licensed Knackers Yard is of model design and is maintained in a satisfactory condition. The premises are regularly inspected.

SECTION "E"

INSPECTION AND SUPERVISION OF FOOD PREMISES

(i) *Milk Supplies*

All milk sold in Stevenage is either pasteurised or sterilised and there are no bottling plants. Samples of raw milk, therefore, not been taken.

(ii) *The Liquid Egg (Pasteurisation) Regulations, 1963*

There are no egg pasteurisation plants in the district and no liquid egg is being used at the local bakehouses.

(iii) *Food Hygiene (General) Regulations, 1960*

All food premises, which are, in the main, of modern construction, satisfy the requirements of the Food Hygiene Regulations, and the hygienic standard maintained is generally good.

Details of the food trades, including those contained in the Supermarkets, are as follows:

Trade	No. of Premises	No. of Premises fitted to comply with Reg. 16	No. of Premises to which Reg. 19 applies	No. of Premises fitted to comply with Reg. 19
Bakehouses	5	5	5	5
Bakers	20	20	20	20
Butchers	33	33	33	33
Cafes	20	20	20	20
Canteens (incl. Schools)	74	74	74	74
Confectioners	30	30	–	–
Fishmongers	11	11	11	11
Greengrocers	31	31	4	4
Grocers	42	42	42	42
Guest Houses	6	6	6	6
Hotels	4	4	4	4
Licensed Premises ...	38	38	38	38

(iv) *Registration of Food Premises*

(*a*) *Food and Drugs Act, 1955*

Premises registered under Section 16 of this Act are as follows:

Sale of Ice Cream	73
Sale of Preserved Food, etc.	37

(*b*) *Milk and Dairies Regulations, 1949/54*

There are no registered dairies within the town. Licences have been granted to 45 dealers, in accordance with the provisions of these regulations.

(v) *Inspection of Registered Food Premises*

Regular visits were made to premises registered for the sale of ice cream and the preparation or manufacture of sausages and other foods. Those premises selling ice cream, but excluded from registration under the Food and Drugs Act, were also inspected. Details of the ice cream samples taken are given below (Para. viii).

(vi) *Disposal of Condemned Food*

During the year, apart from meat condemned at the private slaughterhouse, 4 ton 2 cwt 13 lb of foodstuffs were condemned at various food premises. All condemned food is stained with a naphthalene dye and removed from the food shops for disposal under supervision at the Council's tip.

(vii) *Ice Cream Heat Treatment Regulations*

There are no manufacturers of ice cream in Stevenage, but a regular check is made of the many ice cream vendors operating within the district and their products are regularly sampled.

(viii) *Sampling*

The following samples were taken during the year:

	Satisfactory	Unsatisfactory
Milk	68	Nil
Ice Cream ...	67	4

It was not possible to ascertain the cause of failure of the four samples of ice cream which all gave a Grade III Methylene Blue result, but further immediate repeat samples all proved satisfactory.

(ix) *Food and Drugs Act, 1955*

The Council instituted proceedings in the following seven instances in respect of complaints regarding foreign matter in food. Convictions were obtained in each case and total penalties amounted to £265.

Food	*Contravention*	*Penalty*
Frozen peas ...	Contained snail (Section 113, Food and Drugs Act, 1955)	£15
Frozen peas ...	Contained snail (Section 113, Food and Drugs Act, 1955)	£25
Ham and Egg Pie	Contained maggot (Section 2, Food and Drugs Act, 1955)	£25
Milk	Contained snail (Section 2, Food and Drugs Act, 1955)	£30 with £10 costs
Milk	Contained fungus (Section 2, Food and Drugs Act, 1955)	£30
Milk	Contained a stone (Section 2, Food and Drugs Act, 1955)	£70
Milk	Contained fungus (Section 2, Food and Drugs Act, 1955)	£70

(x) *Slaughterhouse and Meat Inspection*

There is one privately-owned licensed Slaughterhouse and nine persons are licensed to act as slaughtermen.

21,674 animals were slaughtered during the year and 7 ton 7 cwt of meat were condemned by the Council's Public Health Inspectors as being unfit for human consumption.

The Council have maintained a 100 per cent meat inspection service since the re-opening of private slaughterhouses in 1954, and I am pleased to report that this service has again been maintained during 1967.

Details of animals slaughtered during the year are as follows:

	Cattle	Calves	Sheep	Pigs	Total
1967 ...	1,852	174	15,203	4,445	21,674

Details of the carcases inspected and condemned during 1967 are given on the following page.

MEAT INSPECTED – Carcases Inspected and Condemned

	Cattle including Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	1,852	174	15,203	4,445	Nil
Number inspected	1,852	174	15,203	4,445	Nil
All diseases except Tuberculosis and Cysticerci: Whole carcases condemned	Nil	Nil	3	2	Nil
Carcases of which some part or organ was condemned ...	762	3	1,929	488	Nil
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci	41.0	1.7	12.6	10.7	Nil
Tuberculosis only: Whole carcases condemned	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned ...	Nil	Nil	Nil	12	Nil
Percentage of the number inspected affected with Tuberculosis	Nil	Nil	Nil	0.3	Nil
Cysticercosis: Carcases of which some part or organ was condemned	5	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration ...	1	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1967 FOR THE URBAN DISTRICT OF STEVENAGE
IN THE COUNTY OF HERTFORD

FACTORIES ACT, 1937

PART I OF THE ACT – 1. INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH
(including inspections made by Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	20	–	–
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	100	19	–	–
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	20	43	–	–
TOTAL	125	82	–	–

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1)	–	–	–	–	–
Overcrowding (S.2)	–	–	–	–	–
Unreasonable temperature (S.3)	–	–	–	–	–
Inadequate ventilation (S.4)	–	–	–	–	–
Ineffective drainage of floors S.6	–	–	–	–	–
Sanitary conveniences (S.7):					
(*a*) Insufficient	–	–	–	–	–
(*b*) Unsuitable or defective	3	3	–	–	–
(*c*) Not separate for sexes	–	–	–	–	–
Other offences against the Act (not including offences relating to outwork)	–	–	–	–	–
TOTAL	3	3	–	–	–

PART VIII OF THE ACT – OUTWORK (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	Number of outworkers in August list required by Section 110 (1) (e)	Number of cases of default in sending list to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel making, etc.	30	–	–	–	–	–
Leather Goods	2	–	–	–	–	–
TOTAL	32	–	–	–	–	–

SECTION "F"

PREVENTION AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Infectious Diseases (Corrected) Stevenage U.D.C. – Age Distribution

Diseases	Total Cases Notified	Cases After Correction	Under 1 year	1 –	2 –	3 –	4 –	5–9	10–14	15–24	25–44	45–64	65 and Over	Age Unknown
Whooping Cough	10	–	1	–	2	3	2	2	–	–	–	–	–	–
Measles	1,058	–	56	160	206	217	201	203	9	5	1	–	–	–
Dysentery ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Scarlet Fever ...	25	–	–	–	3	5	2	15	–	–	–	–	–	–
TOTALS ...	1,093	–	57	160	211	225	205	220	9	5	1	–	–	–

STEVENAGE URBAN DISTRICT COUNCIL – TUBERCULOSIS

No. on Register at 31st December, 1967:

	Males	Females	Total
Pulmonary	140	146	286
Non-pulmonary	12	16	28
	152	162	314

No. Removed from Register during 1967:

	Pulmonary		Non-pulmonary		
	M	F	M	F	Total
Deaths	3	–	–	–	3
Other (cured, re-diagnosed transfers of area, etc.) ...	2	2	–	1	5
	5	2	–	1	8

Additions to Register during 1967:

	Pulmonary		Non-Pulmonary		
	M	F	M	F	Total
New Notifications	1	1	–	–	2
Other (cases restored to Register, transfers, etc.)	2	3	–	–	5
	3	4	–	–	7

New Notifications:

Age Groups:	Pulmonary		Non-pulmonary		
	M	F	M	F	Total
5– 9	–	–	–	–	–
10–14	–	–	–	–	–
15–19	–	–	–	–	–
20–24	–	–	–	–	–
25–34	–	2	–	–	2
35–44	1	–	–	–	1
45–54	–	–	–	–	–
55–64	–	–	–	–	–
65–74	–	–	–	–	–
	1	2	–	–	3

The Hive Printers Ltd., Letchworth, Herts